

# 2014 Requirements for accreditation handbook

CMA Conjoint Accreditation Services

V.1 January 2014

# **Requirements for accreditation handbook**

for educational programs in designated health science professions

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Published by the Canadian Medical Association

Effective January 2014

## **CMA Conjoint Accreditation Services**

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## Introduction

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The *Requirements for accreditation* are the basis for accreditation of educational programs in designated health science professions. The accreditation process operates through a conjoint model involving national professional organizations and provincial regulatory bodies as accreditation sponsors. The accreditation process is based on the mission, values, philosophy, and operating principles that were accepted by accreditation sponsors in 1992 (see below). The accreditation process strives for high quality patient care by maintaining national educational standards for designated health professionals. The accreditation process attempts to be responsive to rapid changes occurring in health care and education, and therefore, strives to achieve the following goals:

- to maintain flexibility in how a program complies with the accreditation requirements;
- to facilitate program integration by assessing the program as a whole;
- to facilitate continuous quality improvement in a program by
  - emphasizing the importance of ongoing internal program evaluation; and by
  - designing the accreditation process to serve as a validation of the program’s evaluation and quality improvement processes;
- to contain program costs for accreditation by streamlining, whenever possible,
  - program submissions for accreditation;
  - the onsite data collection process; and
  - the reporting process between accreditation surveys.

### The 2014 Requirements for accreditation and companion documents

The 2014 version of the *Requirements for accreditation* and companion documents are the results of two years of internal and external consultations.

Based on feedback received, the CMA Conjoint Accreditation Services has disassociated the requirements themselves (requirements 1.0 to 5.0 and criteria) from their interpretation and evidence and developed companion documents to assist programs in attaining and maintaining compliance with the requirements.

### Companion documents

Companion documents to the requirements will increase the CMA Conjoint Accreditation Services’ ability to provide health education programs with clear guidance for compliance with the requirements, as interpretation issues are identified by survey teams and by CMA Conjoint Accreditation Services senior managers.

#### New

**The 2014 *Requirements for accreditation handbook*** is intended to be a helpful resource for programs to prepare their self-assessment report and maintain ongoing compliance with the requirements. It contains information on how to interpret the criteria and provides guidance on evidence that “must”, “should” or “can” be provided. Programs should ensure they are working with the latest version, available on [cma.ca/accredit](http://cma.ca/accredit).

## Revised

The **templates** are intended to assist programs in the presentation of information. Some templates are now mandatory; others remain optional, but are highly recommended. This is clearly indicated in the guidance for documentation. Programs are invited to modify templates as needed to better support their internal needs. As of January 1, 2014 the templates are

- **The program self-assessment template** is intended for use by programs to prepare and submit the self-assessment report.
- **Template 1A, Results on certification/registration examinations** (mandatory), must be used by programs to provide evidence for critical criterion 1.5, The program provides verifiable data to demonstrate that students attain the competencies specified in the national competency profile for the profession and takes measures as required to address any identified discrepancies.
- **Templates 3A, Didactic program personnel, and 3B, Overview of clinical/practicum placement sites**, to provide evidence for criteria 3.1, The program has personnel with the relevant professional certification/registration or academic qualifications to fulfill their role in supporting student learning and attainment of competencies, 3.2, The program ensures that personnel have the current and relevant experience and training required to fulfill their role in the program, and 3.5, The program provides each student with access to adequate and equitable learning opportunities for the practice and attainment of the required competencies.
- **Template 5A, Data collection** (mandatory), **5B, Analysis**, and **5C, Actions and outcomes**, to provide evidence for requirement 5, The program's evaluation process results in continuous quality improvement.

## Enhanced

## New

**Frequently Asked Questions (FAQs)** were collated from questions posed by our stakeholders during their review of the requirements. These are posted on our website and will be continually updated as new questions are asked or clarification sought by programs and surveyors.

**Guidelines**, either criterion or profession specific, will continue to be released and updated on an as needed basis.

**Definition of key terms** is intended as a reference for terminology specific to the accreditation process. Available on [cma.ca/accredit](http://cma.ca/accredit).

## Updated & Improved

The ***Program assessment procedures*** document is an essential reference for accredited program and programs seeking accreditation. The procedures are now disassociated from the requirements. This will allow CMA Conjoint Accreditation Services to increase its ability to adapt to changes in education, health and business environments. The document is available online and will be updated as needed. The online version is the authoritative version.

## How to use the handbook

The *2014 Requirements for accreditation handbook* is intended to be a helpful resource for programs to prepare their self-assessment report and maintain ongoing compliance with the requirements.

The first section of each criterion, program outcomes, is meant to convey the intent of the criterion. The program must demonstrate the outcomes sought by the criterion.

The second section of each criterion, guidance for evidence, is intended to provide information on how the program can demonstrate that it meets the criterion. Unless otherwise indicated, the evidence described in this handbook is required for the program self-assessment report (phase I report). Most evidence is mandatory, some strongly suggested, other helpful but not required. The program needs to pay attention to “must”, “should” and “could/can” in the evidence description.

Information regarding evidence required for the phase II visit is indicated as such and is provided to help programs prepare for the onsite visit. It should not be included in the evidence presented by the program for phase I. The program assessment report, detailing the survey team’s assessment of the evidence provided by the program, will include a list of additional evidence or documentation required for the phase II visit.

In several instances throughout the document, the program is asked to provide policies and procedures to support meeting a criterion. It is possible that a program does not have a policy for each instance. In such cases, a procedure or practice can be provided, however the evidence must include the published information provided to students and stakeholders.

The handbook should be used in conjunction with other tools or aides provided on [cma.ca/accredit](http://cma.ca/accredit) and described above.

Additional resources for programs will be added to the website on a regular basis. Visit [cma.ca/accredit](http://cma.ca/accredit) regularly.

### Important to note

- **More information and more updates on the information**

The *2014 Requirements for accreditation handbook* provides programs with more information on criteria and evidence.

The FAQs will be updated regularly to clarify questions that programs and surveyors raise.

- **Required evidence**

As part of the guidance for documentation the reader will see “must”, “should”, “could/can” with the explanation of the evidence required.

“Must” indicates required evidence.

“Should” indicates the evidence is strongly suggested.

“Could/can” indicates the evidence could be helpful, but not required for phase I.

- **Increased use of the narrative**

The guidance for evidence section often requires the program to provide a description for a process, a practice or others.

Programs should take advantage of the narrative to provide the overall context and explain how the program meets the criterion as well as refer to the pertinent evidence that demonstrates how the program meets the criterion. When referring to a document or evidence, it is advisable to state how the evidence supports the program meeting the criterion.

Programs may also use the narrative to explain particular circumstances or to provide information that surveyor should know to fairly assess the program against the evidence.

- **Required templates**

Templates 1A, Results on certification/registration examinations, and 5A, Data collection, are required. The program must complete the template with the information requested and present the template as part of the evidence in the self-assessment report.

Other templates are meant to be helpful to the program, they may be used as provided, modified to better meet the operational needs of the program or not used at all. In all cases, the program must ensure that the information presented provides evidence to support that the program meets the criterion.

Most of the templates were improved and will facilitate the assessment of the program against the criterion.

Templates are now identified by requirement. Template 1A, Results on certification/registration examinations, is used for evidence under requirement 1. Templates used for evidence under requirement 3.0 are numbered 3A and 3B. Likewise, templates used for evidence under requirement 5.0 are numbered 5A, 5B and 5C. Some templates provide evidence for more than one criterion.

- **Some criteria were moved or consolidated**

The number of criteria is reduced to 26 (from 30). The program should consult the comparison chart and change summary available on [cma.ca/accredit](http://cma.ca/accredit) to understand the differences between the 2009 and 2014 versions of the requirements and criteria.

- **Requirement 5.0**

Stakeholder feedback, program performance data and information on future direction are consolidated under requirement 5.0. Criterion 5.4 is significantly changed. Due to the nature of the evidence required, a transition period is planned.

- **Transition measures for requirement 5.0**

From January 2014, release date of the 2014 version of the requirements, programs will have nearly 5 years to fully demonstrate that they meet the criterion. Accredited programs visited between January 2015 and December 2018 will have to provide partial evidence and demonstrate they have taken measure towards meeting the criterion.

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# Mission, values, philosophy and operating principles of the conjoint accreditation process

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**Mission** Conjoint accreditation is a process designed to ensure national standards for educational programs in designated health science professions, thereby contributing to the competency of graduates and the quality of patient care in Canada.

**Values** Accreditation takes place through a partnership of professionals and programs who value:

- high quality patient care
- national standards
- peer review, interprofessional respect and collaboration
- efficiency and cost effectiveness
- accountability to the public
- program assessment and improvement
- efficient and effective learning and skill development
- innovation in educational process
- flexibility in achieving desired outcomes

**Philosophy** The accreditation process will:

- reflect a conjoint approach to decision-making, operations and financing
- be national in scope, recognizing regional needs
- assess whether programs prepare graduates with the competencies required for entry into the designated health science professions
- complement internal program evaluation and improvement
- promote and facilitate the evolution of educational programs

**Operating principles** The accreditation committees will:

- promote the integration of all components of an educational program
- respect the confidentiality of program information
- promotes an efficient and cost-effective process
- report to and consult with the accreditation sponsors
- promote continuous quality improvement of the accreditation process

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## **Requirement 1.0 The program enables students to attain the competencies specified in the national competency profile for the profession.**

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### **Requirement summary**

- |                              |                                |
|------------------------------|--------------------------------|
| 1.1 Program goals            | 1.4 Assessment of competencies |
| 1.2 Program map              | 1.5 Attainment of competencies |
| 1.3 Teaching of competencies |                                |

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### **Criterion 1.1 The program goals include reference to the national competency profile for the profession.**

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### **Program outcome**

Program goals can be multifaceted. They may reflect influences from the educational institution's vision, program expectations, government directives, professional association's directions, regulatory college's regulations, employer's needs, and others. All these influences contribute to program development and evolution.

Since CMA conjoint accreditation is a process designed to ensure national standards for educational programs in the health sciences, the competency profile, also national in scope, is important and relevant to the accreditation process and features among the program's stated goals.

### **Guidance for documentation**

- The program must clearly demonstrate that the national competency profile or the national certification exam is incorporated within the program's goals.
  - This evidence must be published and accessible to prospective students in material such as handbooks or website information.
- For a better understanding of the program's mandate, other program goals should also be included.

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**Criterion 1.2** The program ensures that the content, sequence and delivery of the learning units provide an integrated learning experience for students and facilitate learning and attainment of all the competencies in the national competency profile for the profession.

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## Program outcomes

The program's plan for student learning facilitates student success in the attainment of competencies. The student's path from the beginning of the program to the end is clear and logical.

The choices made regarding overall length of the program, delivery mode(s), sequence of courses and practicum delivery (clinical rotations) optimize student learning and attainment of competencies within the particular context, mandate and restrictions of the program.

## Guidance for documentation

- The evidence must include a plan (program map) and/or a thorough description of the curriculum. The evidence must include all information pertinent to the program's structure and delivery, for example:
  - total length of program from start to graduation, including academic breaks (in weeks)
  - length of each course and of each semester or term
  - sequence of courses, clinical experience or practicum, with information as to whether courses are concurrent or consecutive
  - course prerequisites and co-requisites
  - delivery mode(s) (e.g., lecture, problem-based learning, laboratory, online/distance/self-directed education)
  - options available for the student: full-time/part-time
  - maximum time available to students for completion of the program
- The program must provide a short description of each course, including clinical/practicum placement courses. It must also identify the specialty/discipline-specific courses and, if applicable, identify courses that are shared with other disciplines and programs, or any that are part of a common offering for a large base of students.

- The program could provide a rationale for the choices of structure and delivery to aid in the understanding of the plan and curriculum.

#### For programs with multiple didactic delivery sites

- The program must provide the same evidence as listed above for each campus or didactic delivery site.

#### For programs offered online or via distance education or for blended delivery

- The program must clarify the sequence of learning activities as the student moves through didactic instruction, laboratory instruction and practice, and clinical/practicum placement. If the program incorporates a blend of distance and onsite components, the program must identify which delivery modes are used for each of the components.

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**Critical criterion 1.3 The program has competency-based learning objectives that encompass all competencies specified in the national competency profile for the profession.**

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### Program outcomes

The program develops competency-based objectives and implements learning activities to ensure that all the competencies in the national competency profile for the profession are taught.

The curriculum provides opportunities for students to acquire the knowledge, skills and behaviors specified in the national competency profile.

The program identifies the course(s) (e.g., module, term) where the knowledge, skills, and behaviors are learned in preparation for further practice and eventual attainment of competencies in the clinical/practicum setting.

### Prior learning assessment and recognition (PLAR)

Competencies that are not covered in the program based on prior learning assessment and recognition are identified. A clear prior learning assessment and recognition process is in place.

## Guidance for documentation

- The program must provide a document that cross-references all the competencies in the national competency profile to competency-based learning objectives within the program's documentation.
  - The competencies must be clearly reflected in the learning objectives. (Refer also to Guidelines for programs preparing criterion 1.3 available at [cma.ca/accredit](http://cma.ca/accredit)).
  - The national competency profiles for each profession are available on the national professional association's website for the program discipline.
- When there is a provincial regulatory body for the profession, the regulatory body has an agreement with CMA Conjoint Accreditation Services and the regulatory body has a set of additional requirements which educational programs must address, the program must provide a document that cross-references these additional requirements. Provincial requirements are available online at [cma.ca/accredit](http://cma.ca/accredit).
- The program must provide documentation to validate that competencies are covered in the curriculum. The preferred evidence is course outlines that include competency-based learning objectives that reflect the competencies in the national competency profile.
- If needed to assist in the validation process, complementary documentation can be submitted (e.g., syllabi, student modules, lesson plans or weekly plans). This complementary documentation must also be noted in the cross-reference document with clear indication of where the particular competency is covered within the syllabus or plan. Any material used as evidence in cross-referencing to competencies in the national competency profile must include clear learning objectives (i.e., the knowledge, skills, and behaviors expected as a result of the learning).
  - **For the program self-assessment document provided in phase I**, the selected documents (course outlines and others) should permit the validation of 15% to 20% of the discipline-specific competencies. The documents should provide validation of competencies from different areas of the profile.
  - **For the onsite visit (phase II)**, provide all course outlines or documents required to validate that all the competencies in the national profile are included in the program curriculum. These may also be requested ahead of time.
- When applicable, the program must provide documentation to validate that additional requirements from the provincial regulator are covered in the curriculum.

- **For the program self-assessment document provided in phase I**, the selected documents (course outlines and others) should permit the validation of at least one of the additional provincial requirements.
- **For the onsite visit (phase II)**, provide all course outlines or documents required to validate that all the additional requirements are included in the program curriculum.

### Prior learning assessment and recognition

- Competencies recognized as attained through prior learning must be identified as such in the cross-reference document.
- The program must provide a description of the prior learning assessment process. Include the pertinent policy, if applicable, and indicate how the policy is applied in the program.

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## **Criterion 1.4 The program's tools and processes assess and evaluate student performance and progression in relation to the objectives and in accordance with program and institutional assessment and evaluation policies.**

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### Program outcomes

Assessment and evaluation of student performance and progression are key components of any professional education program.

#### Policies and procedures

Educational institution and program-specific policies and procedures are in place to guide the assessment and evaluation process.

These policies and procedures include, at minimum, information for students, assessors and preceptors so they can understand the requirements for successful completion of each course or component of the program, the assessment and feedback process, grading and promotion policies and practices, and criteria for student progression from one program segment to the next.

#### Assessment

The program conducts assessments of student learning on an ongoing basis and with sufficient frequency to provide both students and faculty with a valid and timely indication of student progress towards attainment of competencies.

Assessment and evaluation tools clearly validate competency attainment. The tools relate directly to the competency-based learning objectives, assess student competence according to clearly defined performance criteria, and promote accuracy and consistency in scoring.

## Remediation

The program has in place a process for identification and remediation of weaknesses in student performance.

## Guidance for documentation

### Policies and procedures

- The program must provide institutional and program assessment and evaluation policies and procedures.
  - **For the program self-assessment document provided in phase I**, the program must submit complete assessment and evaluation policies and procedures.
- The program must clearly define requirements for successful completion of courses (theoretical and clinical/practicum courses), completion of the program and the requirements for progression from one program segment to the next.

### Assessment of attainment of competencies

- The program must provide a description of the assessment and evaluation processes used in the simulation (laboratory) and clinical/practicum environments.
- The program must provide one blank copy of each assessment and evaluation tool used in the simulation (laboratory) and clinical/practicum components of the program for the purpose of assessing attainment of competency. Written didactic tests are not required.
- The program must provide a description of the rating scale(s) and rubric(s) related to each assessment and evaluation tool.
- The program must provide copies of the information given to students, assessors and preceptors about the program's assessment and evaluation processes in the simulation and clinical/practicum environments.
  - At minimum, relevant excerpts from program and clinical handbooks or manuals must be submitted. The program should consider submitting complete handbooks.

## Remediation process

- The program must provide a description of the remediation process, including factors used to identify students requiring assistance.
- Any forms or documents used in the remediation process should be provided.

## For programs offered offsite, online or at a distance

- The program must also provide information on the methods used to administer tests and assessments (e.g., proctored, onsite, online, etc.).

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**Critical criterion 1.5** The program provides verifiable data to demonstrate that students attain the competencies specified in the national competency profile for the profession and takes measures as required to address any identified discrepancies.

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## Program outcomes

The program ensures that all competencies are assessed and attained as specified in the national competency profile.

The program maintains student records that demonstrate all competencies are practiced, performed and attained in the performance environment(s) specified in the national competency profile.

Employers report that graduates are well prepared for entry to practice.

Graduates also report they are well prepared for entry to practice.

## Assessment and evaluation records

The records are consistent with the program's assessment and evaluation policies and procedures.

The records demonstrate that the tools used to evaluate and assess students are effective in documenting performance and attainment of the competencies specified in the national profile.

The records demonstrate consistency in assessment and evaluation practices among the various assessors/preceptors.

**Note on performance environments:** Performance environments refer to the context in which the competency is assessed. The performance environment can be simulation (typically in the

institution's laboratory facilities), clinical or practicum (in the actual practice setting — hospital, clinic, EMS service).

Where the national competency profile stipulates performance environments, competency attainment must be demonstrated in the identified environment. Certain national competency profiles allow for some adjustment in performance environments under certain circumstances. This is often done to allow for local or regional differences. If adjustments are made, the program's rationale must be provided. But attainment of competencies can be demonstrated at a higher level than the one identified in the profile without providing a rationale. For example, a competency identified as S (simulation) attained in the C (clinical) environment.

If the national competency profile does not stipulate performance environments, it is expected that attainment of the competencies in the national competency profile requiring performance of clinical skills will be assessed in the actual practice setting of the profession. The rationale for any variation in performance environment must be provided.

In all cases, evidence of attainment of competencies that are clearly academic in nature, (e.g., “understand”, “appreciate”, etc.) need not be provided as these are typically assessed via written tests and exams.

### Certification/registration exam results

The program retains reports from certification/registration bodies listing program and national/provincial pass rates on certification or registration exams to further demonstrate student attainment of competencies.

The program uses certification/registration examination results as one of its mechanisms to identify and address gaps or shortcomings in the attainment of competencies. As part of its review, the program compares its results to national/provincial data. Improvements are made to the program following the analysis of these results.

**Note for programs:** During the 6-year accreditation cycle, declines in graduate pass rates on certification/registration exams occurring for 2 consecutive years (annualized data) must be reported to CMA Conjoint Accreditation Services. If a profession has an established pass rate benchmark, results below this benchmark must be reported. An analysis of the program's results in relation to national annual pass rates and other relevant trends must be provided, as well as planned corrective measures to improve performance. Failure to improve exam performance would lead to critical criterion 1.5 being unmet and a change in accreditation status would occur.

**Note for programs without graduates and programs with substantial changes:** When the accreditation visit occurs before the graduation of the first cohort of a new program or of a substantially changed program, this criterion cannot be met. Without graduates, full records are not available and it is not possible to validate student attainment of all competencies. However, programs should submit student records for the portion of the program that has been completed.

## Guidance for documentation

- The program must provide a representative sample of completed assessment and evaluation tools selected from the evaluation records of 3 students (names removed or student releases signed) from the program's most recent graduate cohort.

Records should be from students placed at various clinical sites, if applicable.

Records should be from evaluations or assessments conducted in the clinical/practicum setting, but should also include evaluations and assessments conducted in the laboratory setting for competencies that are attained in this environment. Records should be from the previous year or, at most, 2 to 3 years in the case of programs that are not offered annually.

- **For the program self-assessment document provided in phase I**, each student record must include a selection of completed laboratory and clinical/practicum assessment and evaluations (formative and summative) that demonstrate competency attainment. The completed evaluations should be representative of the breadth of competencies in the national competency profile.
- **For the onsite visit (phase II)**, the program must provide complete evaluation records for the laboratory and clinical/practicum portions of the program for 3 students from the most recent graduate cohort. It is suggested that the program have records from a minimum of 10 students available for possible use (programs with smaller cohorts should keep all records). These records should validate each student's attainment of the competencies in the national competency profile.

Programs using an electronic assessment tracking tool should provide access to the electronic records.

- A description of the process used to ensure each student attains the required competencies must be included, including the auditing process and frequency.
- For those professions where national or provincial exams are held, reports from certification/registration bodies listing program and national/provincial pass rates for the past 6 years must be included.
  - Reports from the certification/registration body must be submitted.
  - Completed template 1A, Results on certification/registration examinations, is required.

Note that only first time writer data is required.

- If national or provincial exams are held, the program must include a description of the process used to:

- review the certification/registration exam results
- identify discrepancies between actual and required level of competency attainment
- implement actions to address these discrepancies
- The program must demonstrate that employers and graduates report adequate preparation for an entry-level position in the profession.
  - **For the program self-assessment document provided in phase I**, the program should include, as part of its narrative or appended documents, key results from the various surveys or consultations conducted by the program to gather feedback and relevant statistics on graduate competence. The program should refer the surveyor to the appropriate evidence presented under requirement 5.0.
  - **For the onsite visit (phase II)**, interviews with students, graduates, program personnel and clinical site personnel will be conducted, and additional evidence provided under requirement 5.0 will be reviewed.

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## Requirement 2.0 The program supports the students' educational interests and protects their rights.

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### Requirement summary

2.1 Pre-application information	2.5 Academic and non-academic support services
2.2 Admission process	2.6 Protection of student's private information
2.3 Post-admission information	2.7 Access to records by students
2.4 Safe learning environment/safe professional practices	2.8 Academic appeal process

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## Criterion 2.1 The program provides prospective students with accurate information on the profession, the nature of the program and costs.

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### Program outcomes

The program provides prospective students with information that enables them to make an informed career choice and be fully aware of the requirements of the educational program and its associated costs.

The program is careful to ensure that any special requirements for admission into the program and possible requirements for the clinical/practicum portion of the program (e.g., immunizations, CPR training, fitness training, pre-screening, possible locations of clinical placement sites, etc.) are communicated to potential applicants prior to completion of the application process.

Information on the physical or psychological demands of the profession and the practice setting are communicated to the prospective student, as are professional certification or licensing requirements.

### Guidance for documentation

- The program must submit the documents or information that are provided to prospective student regarding the nature of the profession, program entrance requirements, program costs, possible locations, length and costs of clinical practicum, and other relevant information. Examples of possible evidence are program brochures, handouts, agendas for information

sessions or open houses, links to program website and meetings with potential applicants, among others.

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## **Criterion 2.2     The program's admission policies and procedures are fair and equitable and practices are consistent with published information.**

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### **Program outcomes**

Admission requirements and candidate selection procedures and criteria are clearly defined for potential students and apply to all applicants.

If the program subscribes to exceptional admission processes such as “seat purchases” or “equity seats”, any admission procedures associated with these processes are defined. Examples of such processes are when a specific number of seats are reserved for foreign students, members of the Canadian forces or aboriginals; or, when the government of another province subsidizes entry into the program for a given number of students.

### **Guidance for documentation**

- The program must provide a description of the admission/selection process from application to entry.
- The program must include a description of any special or exceptional admission process, when applicable.
- The program must provide admission policies and procedures, including criteria for the selection of candidates.
  - **For the program self-assessment document provided in phase I**, include the relevant excerpt(s), possibly as part of the narrative.
  - **For the onsite visit (phase II)**, the complete policies and procedures should be provided.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure the information is not overlooked.

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**Criterion 2.3** The program provides students upon enrollment with accurate information on its policies and procedures, structure and student responsibilities.

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### Program outcomes

Once enrolled in the program, students are made aware of their rights and responsibilities, and are informed of the institution's amenities and the program's structure and policies.

### Guidance for documentation

- The program must describe and submit information provided to students upon enrollment. Agendas or topics covered during orientation sessions can also be provided.
  - **For the program self-assessment document provided in phase I**, if the information is provided in manuals or student agenda/handbooks, relevant excerpts and tables of contents should be provided.
  - **For the onsite visit (phase II)**, full manuals, agenda or handbooks must be provided.

Note: When including references to online or electronic material, clearly indicate where to find the information that pertains to the criterion.

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**Critical criterion 2.4** The program takes measures to ensure student safety and exposure to safe working practices.

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### Program outcomes

The program provides students with processes and a learning environment that ensure their physical safety during each component of the program.

Program ensures that students are aware and informed of processes to follow should their safety or the safety of patients and colleagues be compromised.

The program and its clinical sites model safe working practices by complying with relevant safety regulations.

The program and its clinical sites also ensure that students have acquired the knowledge and skills to perform their duties safely.

The program and its clinical sites ensure that students are asked to perform only procedures for which they have the required background knowledge and that are within the scope of practice of the profession.

The equipment used by students is in good working order and safe to use.

## Guidance for documentation

### Didactic/laboratory environment

- The program must include a short description and evidence of the educational institution safety measures that provide a safe physical environment for students.
  - **For the program self-assessment document provided in phase I**, include tables of contents of pertinent health and safety policies.
- The program must include a description and evidence of program safety measures that provide a safe physical environment for students, for example:
  - safety orientation sessions and timing of such sessions
  - curriculum and objectives related to safe practices
  - program/profession-specific laboratory safety policies and procedures
  - protocols for after-hours laboratory access and supervision
  - student consent forms for invasive procedures or administration of energy sources, such as ultrasound waves
  - incident reporting procedure and form
  - process and schedule for site inspections (if applicable)
  - list of safety equipment
  - critical incident stress debriefing (if applicable)
  - tables of contents of any program safety manuals
  - any other profession-specific documentation related to safety

- The program must include a description and evidence that the program models safe work practices and follows applicable legislation and regulations (e.g., compliance with equipment maintenance schedules, registries, etc.).
  - **For the program self-assessment document provided in phase I**, include in the narrative a description of how the program models safe work practices.
  - **For the onsite visit (phase II)**, provide onsite access to maintenance logs or registries for laboratory equipment and other evidence of safe practices.

Note: A visit to the program’s laboratory facilities will be scheduled during the onsite visit.

#### For programs with multiple didactic delivery sites

- The program must also provide logs or registries for all laboratory equipment used at these delivery sites.
- If any of the policies or program safety measures differ among the didactic sites, the program must provide the same evidence as above for each of the didactic sites.

#### Clinical/practicum environment

- The program must include evidence that the physical safety of the student is assured and that students are exposed to safe working practices while at the clinical/practicum site, for example:
  - agenda for student site orientation that includes topics regarding safety practices and procedures
  - description of and evidence that a process is in place for the student to report unsafe working conditions
  - any other mechanisms related to student safety or safe working practices at the sites

### **Criterion 2.5     The program provides students with timely access to academic and non-academic support services.**

#### **Program outcomes**

The program informs students about the variety of academic and non-academic services and support available for successful completion of the program. Information on how to access these

services while at the educational institution or at their clinical/practicum placement is also provided to students.

For programs offered offsite, online or at a distance

A program that offers online or distance education clearly indicates to students which support services are available to them and how these services can be accessed from a distance.

## Guidance for documentation

General academic and non-academic services

- The program must include a list and short descriptions of the academic support services available to students, for example, instructor availability outside of class hours, peer tutoring and others.
- The program must include a list and short descriptions of non-academic support services available to students (e.g., counseling services, financial aid, outside agency referrals, health services, etc.).
  - In both cases (academic and non-academic) it is helpful to include which services are available to students during clinical/practicum placements and how these services are accessed, particularly for students whose placements are in remote locations.
- The program must include harassment policies, conflict resolution processes and anti-discriminatory policies and procedures.
  - **For the program self-assessment document provided in phase I**, only include tables of contents. Complete policies will not be required.

For programs offered offsite, online or at a distance (including another campus or didactic location)

- The program must also include a description of services available to offsite students, including how students are made aware of these services and how these services are accessed.

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**Criterion 2.6** The program's policies, procedures and practices for student records protect the privacy of the student by restricting access to specified personnel for legitimate program reasons.

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## Program outcome

Privacy of student records and information is assured at all times.

## Guidance for documentation

- The program must provide a description of how student privacy is assured, including who can access student records and under what circumstances.
- The program must provide policies and procedures related to the privacy of student information and records. These policies and procedures should reflect any provincial or federal privacy legislation.
  - **For the program self-assessment document provided in phase I**, include relevant excerpts of policies.
  - **For the onsite visit (phase II)**, provide complete policies.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure the information is not overlooked.

- The program must provide policies and procedures or descriptions of processes and practices related to the secure storage of student information and records at the clinical sites, for example, how and where records are kept, and directives regarding the retention and disposal of student records once a student has completed the program.
  - **For the program self-assessment document provided in phase I**, also provide relevant excerpts of policies, procedures or documented practices, as applicable.
  - **For the onsite visit (phase II)**, provide complete policies, procedures and documents.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure the information is not overlooked.

- The program could include student release of information form, as applicable.

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**Criterion 2.7** The program's policies, procedures and practices provide the student with access to his/her records and a process for the student to update or correct these records.

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## Program outcomes

Students can access their academic records and other information kept in their files, for example, notes and personal information. The student has the opportunity to update or correct the information.

## Guidance for documentation

- The program must provide a description of the process a student must undergo for timely access to personal information and correction of inaccurate information, as appropriate.
- If applicable, the program should provide policies and procedures related to student access to his/her record and information.
  - **For the program self-assessment document provided in phase I**, provide relevant excerpts of policies or procedures and change request forms and timelines as applicable.
  - **For the onsite visit (phase II)**, provide complete policies and procedures.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure the information is not overlooked.

**IMPORTANT:** This criterion is meant to assess how the student can check on grades, report mistakes and modify home address or other personal information. The process to appeal a grade is addressed in criterion 2.8.

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**Critical criterion 2.8** The program affords students formal, objective and published policies and procedures with which to address their academic concerns.

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## Program outcome

The program provides students with access to an academic appeal process that represents their interests fairly and promotes unbiased decision making in a timely manner.

## Guidance for documentation

- The program must provide, in the narrative, a short description of the academic appeal process and its policy elements. This appeal process must be based on principles of natural justice.

The program should indicate if a student is able to continue in the program while an appeal is underway.

At minimum, the appeal policy must include the three items below. The narrative should indicate how each is supported by institution or program policies.

- A mechanism for the student's interests to be represented. Either the student can plead his/her case alone or accompanied by a student representative, or the student can have a representative plead the case in his/her stead.
  - A decision-making process that reasonably promotes a bias-free decision on the appeal. The program must indicate who makes the decision at each level, if committees are involved, who sits on the committee and how the process ensures a bias-free decision.
  - Specific-timelines for resolution of the appeal and communication with the student concerned. The student must know when to file the appeal and when a decision will be provided at each level of the process.
- The program must provide excerpts from appeal policies and procedures describing how a student may address academic concerns.
    - **For the program self-assessment document provided in phase I**, provide appropriate excerpts from relevant policies and procedures.
    - **For the onsite visit (phase II)**, provide complete policies and procedures.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt providing supporting evidence for the criterion. This is helpful to ensure the information is not overlooked.

#### For programs with joint corporate authority

- If the program has a joint corporate authority and each authority has its own appeal policy, as may be the case for joint authority involving two educational institutions, the program must specify which policy applies during the various portions of the program.

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## **Requirement 3.0 The program's resources are adequate to support student learning and attainment of the required competencies.**

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### **Requirement summary**

- |   |   |
|---|---|
| 3.1 Personnel with the relevant qualifications          | 3.4 Didactic learning resources                               |
| 3.2 Personnel with the appropriate and current training | 3.5 Appropriate and equitable clinical learning opportunities |
| 3.3 Sufficient personnel                                |   |

---

## **Criterion 3.1 The program has personnel with the relevant professional certification/registration or academic qualifications to fulfill their role in supporting student learning and attainment of competencies.**

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### **Program outcomes**

Program personnel have professional designations/qualifications that are directly related to the health discipline or subjects being taught.

Assessors/preceptors during laboratory, clinical and practicum settings assess students only on competencies that are within their scope of practice. In general, personnel supervising and assessing student performance must hold the same professional designation/credential as that sought by the student in the program. However, program personnel may have a higher credential related to the program/profession, for example, a medical laboratory technologist (MLT) could teach and assess a medical laboratory assistant (MLA). In some circumstances, other qualifications are appropriate (i.e., faculty with credentials relevant to the topic being taught and assessed).

In some cases, provincial regulations stipulate the credentials required of personnel teaching, supervising or assessing the student. In such cases, the program ensures and can demonstrate that provincial requirements are followed.

Some institutions stipulate the credentials required of faculty personnel. The program demonstrates that it adheres to these stipulations (or is dispensed from doing so by the institution's administration), while ensuring that the program's personnel includes individuals with the appropriate credentials in the discipline being taught.

## Guidance for documentation

### Didactic institution

- The program must provide a list of names, professional credentials or academic qualifications of personnel currently involved in the program at the didactic site, as well as their role/position in the program and the courses they teach.
  - Include personnel such as faculty/instructors (e.g., full-time and part-time/sessional, adjunct, laboratory technologists/assistants, physicians, scientists).
  - Complete template 3A, Didactic program personnel, or provide equivalent information.

### For programs with multiple didactic delivery sites

- The program must also provide the same evidence as listed above for each campus or didactic delivery site.

### Clinical/practicum sites

- The program must provide a description of the credentials required for clinical/practicum personnel involved in the supervision and assessment of students at all clinical/practicum placement sites.
- The program must provide a description of the process followed to ensure clinical/practicum personnel involved in the education of the students have the required professional credentials.
- The program must provide a statement or letter from the manager/administrator of the service or department where students are placed stating that all personnel involved in the education of the students at the clinical/practicum placement site have the appropriate professional credentials. The statement/letter must be dated within 3 to 6 months of the program self-assessment report submission.
- The program must provide the information as outlined below on personnel at each clinical site. The program should include personnel such as physicians, departmental managers, clinical coordinators, clinical instructors and technologists who work with students as preceptors.

### For the person(s) responsible for **liaison with the program and coordination of student placements**

- name(s) of the person(s) and professional designation/qualifications
- title at the clinical/practicum placement site (e.g., MRI service manager)
- role in relation to the program (e.g., clinical liaison, clinical coordinator, etc.)

For personnel **responsible for assessment and evaluation** students during clinical/practicum placement

- **role** in relation to the student's education (e.g., clinical coordinator, clinical lead, preceptor, technologist, etc.)
- **number** of personnel involved in the role
- designation/qualifications required for the role

Note: Individual names are **not** required for those involved in this role.

For physicians, managers and personnel responsible for **training and supervision and who work with, but do not assess**, the student during clinical/practicum placement

- **role** in relation to the student's education (e.g., technologist, preceptor, etc.)
- **number** of personnel involved in the role
- designation/qualifications required for the role

Note: Individual names are **not** required for those involved in this role.

Complete the section on personnel involved in supervising and evaluating students on template 3B, Overview of clinical/practicum placement sites, for **each** clinical/practicum placement site, or provide equivalent information. (The resources section of template 3B will be completed as evidence for criterion 3.5).

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**Criterion 3.2**     **The program ensures that personnel have the current and relevant experience and training required to fulfill their role in the program.**

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## Program outcomes

### Didactic site personnel

Didactic site personnel are prepared for their roles as educators and engage in professional development to remain current with both professional and educational practices. The educational institution supports professional development activities for its staff and faculty.

Maintenance of clinical knowledge forms part of a faculty's professional development. Clinical professional development could include, but is not limited to:

- maintenance of competence (as required by certification/regulatory bodies)
- clinical rounds and in-service sessions
- attendance/presentations at workshops and conferences
- enrolment in profession-related certificate, diploma and degree programs
- return to clinical practice
- orientation to new equipment and procedures by industry
- contributions to professional journals
- participation on accreditation teams
- participation on profession-related committees (e.g., national exam committees)

### Clinical and practicum placement personnel

Clinical/practicum site personnel are prepared for their educational roles in teaching and supervising students and in assessing and evaluating student competency.

Clinical personnel are prepared for their role as preceptors and trained on the specific assessment and evaluation processes and tools used by the program. Educational professional development could include, but is not limited to:

- skill enhancement in educational techniques
- preceptor training
- educational sessions held during relevant committee meetings
- orientation to clinical manuals, assessment tools, competency profile, assessment criteria and processes
- other activities for the purposes of maintenance and development of educational skills

## Guidance for documentation

### Didactic site personnel

- The program must give a brief overview in the narrative of pertinent institutional policies or practices related to professional development of faculty and support staff.
  - If not clearly stated, the program should clarify what professional development is available to part-time/sessional staff vs. full-time staff.
  - **For the program self-assessment document provided in phase I**, provide relevant excerpts of pertinent policies, if applicable.
  - **For the onsite visit (phase II)**, complete policies may be requested.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure information is not overlooked.

- The program must give an overview of measures in place to ensure that didactic site personnel maintain clinical knowledge and adhere to any certification/regulatory requirements for maintenance of competence.
- The program must provide a summary of professional development activities (for the last 3 years) related to didactic program personnel's role in the program, both clinical updating and skill enhancement in educational techniques.
  - Complete template 3A, Didactic program personnel, or provide equivalent information.

### For programs with multiple didactic delivery sites

- The program must also provide the same evidence as listed above for each campus or didactic delivery site.

### Clinical/practicum site personnel

- The program must provide a description of the processes followed and resources offered by the program/institution to prepare clinical/practicum site personnel in the following areas:
  - general understanding of the educational process
  - educational role
  - effective supervision of students
  - objective and consistent assessment and evaluation of student competence

- appropriate use of the program’s assessment and evaluation tools

Processes and resources may include:

- regular visits by didactic program personnel with clinical instructors/preceptors and other similar activities
- online or face-to-face clinical instructor/preceptor workshops and courses
- support provided by phone or email
- discussions of grading and assessment practices
- preceptor handbooks

Note: Tracking of workshop participation is helpful to ensure that relevant personnel have availed themselves of this type of activity. Such tracking should be reported in the program self-assessment report.

Note: Preceptor handbooks, where available, are valued resources and may be included in full in the phase I self-assessment report. Alternately, relevant excerpts may be provided, with complete copies provided for the onsite visit (phase II).

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**Critical criterion 3.3 The program ensures a sufficient number of didactic and clinical personnel to sustain effective instruction/facilitation, adequate supervision and timely evaluation of student learning and attainment of competencies.**

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### **Program outcomes**

There are sufficient qualified personnel at each didactic site (classrooms and laboratories) to provide the required instruction, supervision and evaluation of student learning.

The program works closely with the clinical/practicum sites to ensure that sufficient personnel are available at each clinical/practicum site to supervise and evaluate all students placed at the site.

## Guidance for documentation

- The program must provide a description of the institutional or program processes for determining the number of required didactic program personnel.
- The program must explain its process for monitoring the adequacy of human resources to support student learning and attainment of competencies at the didactic and clinical/practicum sites.
- When applicable, the program must provide relevant policies or practices.
  - In unionized environments, this may be largely determined through collective bargaining agreements. The program should indicate if this is the case.
  - **For the program self-assessment document provided in phase I**, provide excerpts of relevant policies and explain in the narrative how they support the criterion.
  - **For the onsite visit (phase II)**, complete policies may be requested.

Note: When providing complete policies or access to complete policies, the program should indicate, mark or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure information is not overlooked.

- The program should indicate staff to student ratios in the various learning environments (classrooms, didactic site laboratories, simulation centers, clinical and practicum settings) and describe how they support student learning.
  - If ratios are mandated by program or institutional policies, the program should indicate this, and include the relevant excerpts from the policies.
- The program should highlight any policies or practices related to direct and indirect supervision in both the laboratory, clinical and practicum environments.
- The program should provide evidence that sufficient program personnel are available for student education.

Evidence could consist of performance data collected by the program through pertinent questions in course and program evaluations completed by students, graduates and clinical site personnel. This evidence is also requested as part of requirement 5.0. In such cases:

- **For the program self-assessment document provided in phase I**, the program should include, as part of its narrative or appended documents, key questions (and responses) from the various surveys or consultations conducted by the program to gather feedback and relevant statistics about the adequacy of staff to support student

education. The program should refer the surveyor to the appropriate evidence presented under requirement 5.0.

- **For the onsite visit (phase II)**, interviews with students, graduates, program personnel and clinical site personnel will be conducted and additional evidence provided under requirement 5.0 will be reviewed.

For programs with multiple didactic delivery sites

- The program must also provide the same evidence as listed above for each campus or didactic delivery site.

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### **Criterion 3.4      The program provides adequate resources to support and facilitate learning and practice of competencies in the didactic setting.**

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#### **Program outcomes**

The program's didactic and laboratory equipment and resources provide students with an opportunity to learn and practice skills, attain required competencies and prepare them for the actual practice setting of the profession.

#### **Guidance for documentation**

- The program must provide a description of major program-related learning resources such as:
  - specialized laboratories at the institution, including a list of program-related equipment in the laboratories (microscopes, autoclaves, mock ambulance, and other equipment pertinent to the practice of the profession)
  - access to facilities in hospitals, laboratories or clinics used for practice and instruction by the program (possibly for equipment not available at the educational institution)
  - any simulation center used by the program
  - any mobile equipment used to deliver instruction in sites other than the main didactic location, when applicable

If equipment is shared with other disciplines or programs, the program must explain the process to ensure adequate access to the equipment.

If the program is offered in multiple locations, this information should be provided for each location.

- The program must provide an overview of mandated program resources or equipment for students (textbooks or special equipment).
- The program must provide an overview of other resources (shared or not) of the educational institution such as library, online research resources, computer access. A list of library holdings is not necessary.
- The program could consider providing floor plans of its laboratory facilities, if available. Pictures (photos, videos) of laboratories, libraries/learning resource and simulation centers could also be provided.

A visit to the program's laboratory facilities will take place during the onsite visit (see survey visit schedule on [cma.ca/accredit](http://cma.ca/accredit)).

#### If the program is offered via distance or online

- The program must also provide an explanation of the e-learning environment as experienced by the students and the various resources available to support their learning.
- The program must also provide a description of how the practical (laboratory) portion of the educational program is carried out, and what facilities are available to students to practice their technical skills.

#### For programs with multiple didactic delivery sites

- The program must also provide the evidence as listed above for each campus or didactic delivery site.
- The program must also provide a description of the learning facilities at each campus or didactic site. Pictures or videos could be submitted.

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**Critical criterion 3.5** The program provides each student with access to adequate and equitable learning opportunities for the practice and attainment of the required competencies.

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## Program outcomes

Students have timely, adequate and equitable learning opportunities that enable them to practice and attain the required competencies, as specified in the national competency profile.

The didactic and laboratory components of the program prepare students adequately for the clinical/practicum placement.

Clinical/practicum learning opportunities are in the actual practice setting of the profession (hospital, clinical, paramedic unit). The program consults the national competency profile for the profession to determine any direction or latitude regarding the attainment of certain competencies in environments other than the actual practice setting, for example, attainment via simulation.

The volume and variety of cases/procedures at the clinical/practicum sites are appropriate and sufficient for students to practice and attain the required competencies within the published length of the clinical education portion of the program.

Rotations to different clinical/practicum sites are scheduled when required for attainment of competencies and/or equitable learning opportunities.

## Guidance for documentation

- The program must provide a description of the processes for informing students about clinical/practicum education opportunities, assigning clinical placements, and notifying students and clinical/practicum partners.
  - Provide the communication to students regarding the placement process.
  - Provide the program's procedure document for clinical placements, if applicable.
- The program must provide information on each clinical/practicum site regarding the number of students that can be accommodated at any one time, and the type of clinical experience/modality (e.g., microbiology laboratory, computerized tomography (CT) room, outpatient clinic).
  - Complete the section on resources on template 3B, Overview of clinical/practicum placement sites, or provide equivalent information.

- The program must provide information on major equipment and quantity and variety of clinical experience available to students, i.e., annual volume of cases/exams and procedures in each clinical department of each practicum site.
  - Complete the section on resources on template 3B, Overview of clinical/practicum placement sites, or provide equivalent information.
- The program must provide the master clinical/practicum schedule for students (preferably for the cohort currently on clinical/practicum placements).

**For the onsite visit (phase II)**, a visit to at least one of the clinical placement sites will be conducted (see survey visit schedule on [cma.ca/accredit](http://cma.ca/accredit)).

#### If the program has out-of-province clinical/practicum placements

- The program must also indicate the following when using clinical/practicum placements outside their province:
  - Process followed to determine if there are applicable provincial requirements that could affect the placement (registration with the regulatory body, required designation, etc.).
  - Evidence that such requirements are communicated to the students and that action is taken to ensure adherence to the provincial requirements.
  - Clear indication of the portion of the clinical/practicum placement that is taking place in another province.

#### If the program has international clinical/practicum placements

- The program must also report clinical/practicum placements outside Canada. The following information on each placement is required:
  - Indication of whether or not the placements are used for attainment of competency or as enrichment only.
  - Indication of the portion of the clinical placement/practicum that is taking place outside the country.
- For each placement site used for attainment of competency, the program must specifically:
  - Demonstrate that the program has fully assessed the suitability of the clinical site or service for the practice and attainment of the competencies in the national (specifically the Canadian) competency profile (see also critical criterion 4.1).

- Demonstrate that individuals with the appropriate qualifications/certification and experience are assessing the students' attainment of the competencies in the national (specifically the Canadian) competency profile (see also criterion 3.1).

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## **Requirement 4.0 The program is managed effectively and its structure facilitates student education throughout the program.**

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### **Requirement summary**

- |   |   |
|---|---|
| 4.1 Clinical partner selection & agreements | 4.3 Coordination within the program and with clinical sites |
| 4.2 Organizational and functional structure | 4.4 Roles and responsibilities of program personnel         |
- 

### **Critical criterion 4.1 The program has current and valid written agreements with all clinical and practicum sites and ensures that responsibilities therein are fulfilled.**

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#### **Program outcomes**

The program has current and valid agreements with each clinical/practicum placement site clearly outlining the authority, privileges, obligations and responsibilities of the program and the clinical site.

The program has secured the appropriate insurance and liability protection before any placement begins.

#### **Agreements**

At minimum, agreements with clinical sites contain the following:

- the period covered by the agreement
- provision for sufficient advance notice of termination by either party to permit the development of alternate arrangements, should these become necessary
- signatures of appropriate persons from both the educational institution and the clinical/practicum site
- persons or roles responsible for direct supervision of students at the clinical site

- confirmation that liability and insurance coverage is in place

The following should be covered in the agreement or other documents shared between the clinical site and the program:

- minimum qualifications of preceptors
- preceptor training and training on assessment processes and tools
- accountability for student learning during clinical and practicum placement
- requirements for criminal record background checks
- student records management
- immunization policies
- professional conduct expectations
- responsibility for patient confidentiality and privacy of records

Programs could engage the appropriate legal or risk management consultation on these matters.

**Note for programs:** During the 6-year accreditation cycle, the program is expected to report the addition or deletion of clinical/practicum sites. In particular, if one or more sites are added, the program must submit a letter to CMA Conjoint Accreditation Services signed by the corporate authority (i.e., an individual who has accountability and authority to sign agreements for the program) confirming:

- 1) that he/she has read the criterion and program outcomes and relevant section of the *Requirements for accreditation*
- 2) that the agreement between the program and clinical/practicum sites contains the required elements outlined in criterion 4.1 above are present in the agreement
- 3) the criteria used by the educational program for selection of the clinical/practicum site
- 4) that the new site has met the criteria set by the educational program for clinical/practicum site selection
- 5) that, through the selection of the clinical partner, the program is or continues to be in compliance with the *Requirements for accreditation*

### Clinical/practicum placement site selection

A program selects clinical/practicum placements based on their ability to provide the resources and learning experiences that will enable students to practice and attain the required competencies indicated in the national competency profile for the profession.

**Note for programs:** A selected site need not provide all required learning experiences. Rotations between sites can be arranged to ensure students practice and attain any remaining required competencies. Agreements must be in place with all sites that provide student placements, regardless of the length of the placement.

### Joint corporate authority

A joint corporate authority has an agreement that defines the corporate responsibilities of each constituent agency.

## Guidance for documentation

The program must include a list of all clinical and practicum sites. If some sites are not in use, identify the sites where students are currently placed, or will be placed at the time of the visit.

### Agreements

- The program must provide a description of the process used to ensure timely renewal of agreements.
- The program must provide signed, dated and current agreements between the educational institution and every clinical/practicum site.
  - **For the program self-assessment document provided in phase I**, the program must provide a letter signed by the corporate authority (i.e., the individual with accountability and authority to sign agreements for the program, see criterion 4.2) stating that he/she has read the criterion and program outcomes and relevant section of the *Program assessment procedures*, that he/she confirms that the minimum requirements outlined in criterion 4.1 are present in all agreement(s) between the corporate authority and clinical/practicum placement site(s) and that he/she can confirm the institution is in compliance. The program must also provide a copy of a dated, signed and current agreement.
  - **For the onsite visit (phase II)**, copies of all agreements (signed, dated and current) between the program and each clinical/practicum site must be provided.

### Single-site programs

For programs offered by a clinical establishment (a hospital in most cases) and where didactic and clinical education are delivered in one establishment, the program must submit a letter of corporate commitment signed by the chief executive officer or designate, which states the commitment of the establishment to ensuring that students can complete their education. This letter must also indicate that the appropriate measures for student supervision and adequate liability and insurance coverage are in place.

## Agreements covering several clinical placement sites

In some cases, one health authority agreement may cover more than one clinical/practicum site. In this case, in addition to the above requirements, the program must provide a list of sites covered under the health authority.

If the program has a joint corporate authority, the program must provide

- a copy of the signed agreement between the institutions/agencies that constitute the corporate authority
- a document outlining the key responsibilities for student education of each institution/agency

## Clinical/practicum site selection

- The program must describe the criteria and process for the selection of clinical/practicum sites (e.g., sufficient personnel for adequate supervision of students, safe working practices, adequate volume and variety of clinical experience, etc.).

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## Criterion 4.2 The program structure facilitates effective management and administration.

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### Program outcomes

The program structure facilitates effective management and administration. The administrative structure of a program plays an important role in the effectiveness of its management. Effective program management is also a function of relevant teams and committees working together.

Senior administrators play an essential role in terms of program oversight.

### Guidance for documentation

- The program must provide either:
  - a description of the hierarchical relationships of the institution's administration, the program and its personnel, or
  - an organizational chart(s) showing the reporting relationships of personnel at the educational institution. The chart(s) should include program personnel as well as administrators.

- The program must provide the names and titles of the person(s) with accountability for the following activities:
    - governing and strategic planning for the program
    - signing agreements with clinical/practicum sites
    - ensuring adequate resources for the program
    - ensuring effectiveness in program delivery
    - approving program policies and/or guidelines
    - approving curriculum and course outlines
    - managing program evaluation and continuous quality improvement
  - The program must provide either:
    - a description of functional relationships (e.g., relationships between program committees and program management, relationships between the program and its clinical/practicum sites, relationships between the program and other programs or departments at the institution, etc.), or
    - a diagram illustrating the functional relationships between the program, its committees and its clinical partners.
  - The program must provide terms of reference (including mandate) and current membership of all program committees.
- 

### **Criterion 4.3      The program ensures effective coordination of student education throughout the program.**

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#### **Program outcome**

The program establishes effective processes and mechanisms to communicate and interact with all program personnel for operational and day-to-day activities, including communication and interactions with clinical personnel at clinical/practicum sites. The process is such that sudden changes in key personnel would not negatively affect the effective coordination of student education.

## Guidance for documentation

### Coordination at the didactic institution

- The program must illustrate, chart or describe how the coordination process takes place. The program must include a description of the mechanisms for coordination and list the coordination activities within the program. The program should indicate key personnel responsible for ensuring the process is effective.
- The program must provide evidence that coordination is taking place. Depending on the program's mechanisms and activities, this evidence can consist of meeting minutes for relevant committees, records or summaries of discussions or written exchanges between key personnel.
  - **For the program self-assessment document provided in phase I**, provide minutes of 1 or 2 meetings or records of 2 or 3 key discussions/exchanges from the past year.
  - **For the onsite visit (phase II)**, provide minutes of committees and records of key discussions/exchanges for the past 3 years.

Note: Outcomes of discussions and exchanges may be recorded directly on template 5B, Analysis.

- If certain components of the program are delivered by faculty from other department(s) within the institution, the program should describe how coordination occurs between program personnel and personnel from these other departments.

### For programs with multiple didactic delivery sites

If the program has didactic delivery sites in addition to its main campus site, the program must also describe and demonstrate how coordination between the main campus program and its various didactic delivery sites is conducted.

### Coordination with the clinical/practicum placement sites

- The program must chart or describe how coordination takes place with its clinical placement sites. The program should include a description of mechanisms for coordination and coordination activities. The program should indicate key personnel at the clinical/practicum and didactic sites that are responsible for ensuring that coordination is effective. Examples of mechanisms or activities are:
  - designation of a program clinical coordinator
  - designation of clinical coordinators/instructors at clinical/practicum sites

- meetings of didactic and clinical personnel such as faculty liaison committee meetings
- teleconferences with offsite personnel
- faculty visits to clinical/practicum sites
- The program must provide evidence that coordination with the clinical/practicum placement sites is taking place. Depending on the program's mechanism and activities, this evidence can be meeting minutes for relevant groups or committees, records or summaries of discussions or written exchanges.
  - **For the program self-assessment document provided in phase I**, provide minutes of 1 or 2 meetings or records of 2 or 3 key discussions/exchanges from the past year.
  - **For the onsite visit (phase II)**, provide relevant minutes or records of key discussions/exchanges for the past 3 years.

Note: Outcomes of discussions and exchanges may be recorded directly on template 5B, Analysis.

#### For programs with multiple didactic delivery sites

If the program has didactic delivery sites in addition to its main campus site, the program must also describe and demonstrate how coordination among the various program campuses and the clinical/practicum placement sites is conducted.

## Critical criterion 4.4 Program personnel fulfill their responsibilities for program oversight and for student instruction, assessment and evaluation.

### Program outcomes

Roles and responsibilities of senior personnel with overall accountability for the program is clearly documented.

The roles and responsibilities of those accountable for ongoing student instruction, assessment and evaluation at the didactic and clinical sites is also documented.

All relevant stakeholders, including the student, are made aware of the roles and responsibilities of all program personnel at didactic and clinical/practicum placement sites.

The program's corporate authority and senior personnel ensure that all program personnel fulfill their responsibilities.

## Guidance for documentation

### Didactic institution and clinical/practicum sites

- The program must provide job or role descriptions of didactic personnel such as the dean, associate dean, program chair, program head, program coordinator, faculty/instructor, laboratory assistants or technicians.
- The program must provide a list of key responsibilities related to student education for clinical personnel such as the clinical coordinator or clinical instructor, preceptors and teaching/supervising practitioners working with the students at the clinical/practicum sites.
- The program must provide evidence that all program personnel are fulfilling their responsibilities for student education at didactic and clinical/practicum sites.

**Note for didactic and clinical personnel:** Evidence of fulfillment of responsibilities could consist of performance data collected by the program through pertinent questions in course and program evaluations completed by students, graduates, didactic and clinical site personnel. This evidence is also requested as part of requirement 5.0. In such cases:

- **For the program self-assessment document provided in phase I**, the program should include, as part of its narrative or appended document, key questions from the various surveys or consultations conducted by the program to gather feedback and relevant statistics about whether the responsibilities for student education are being fulfilled effectively. The program should refer the surveyor to the appropriate evidence presented under requirement 5.0.
- **For the onsite visit (phase II)**, interviews with students, graduates, program personnel and clinical site personnel will be conducted, and evidence provided under requirement 5.0 will be reviewed.

### For programs with multiple didactic delivery sites

- The program must provide data for each campus or delivery site separately.

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## Requirement 5.0 The program's evaluation process results in continuous quality improvement.

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### Requirement summary

5.1 Plan & tools	5.3 Implementation of identified actions
5.2 Analysis of data obtained & identification of actions	5.4 Monitoring of results and adjustments as required

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### Transition note

Criteria 5.1, 5.2 and 5.3 are unchanged in the evidence expected from programs. Criterion 5.4 has been revised and now explicitly requires programs to provide concrete evidence of follow-up on actions taken to ensure these were effective and provided the expected results or, alternately, to initiate corrective measures if the actions did not result in program improvements. This information was expected as part of criterion 5.3 in the past, but was seldom provided or assessed.

Programs will require time to implement appropriate processes that enable them to provide the evidence required to meet criterion 5.4.

Accredited programs visited between January 2015 and December 2018, will need to demonstrate they have plans, processes and measures in place or underway to meet this criterion. Outcomes available, even limited, should be presented to the survey team for assessment.

As of January 2019, all accredited programs will be assessed against program outcomes outlined in criterion 5.4.

This provides accredited programs at least 5 years, from January 2014 to December 2018, to ensure they meet criterion 5.4.

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**Critical criterion 5.1      The program has policies, procedures and tools for the collection of relevant stakeholder input and program performance data for continuous quality improvement purposes.**

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## Program outcomes

The program considers the needs of stakeholders such as employers, governments, regulatory bodies, industry, clinical partners, program personnel and students.

The program's policies, procedures and tools for collecting performance data, both quantitative and qualitative, provide the basis for systematic and timely program changes.

## Guidance for documentation

### Continuous quality improvement process

The program must provide a description of its continuous quality improvement process and include:

- institutional policies and procedures related to stakeholder participation in the program evaluation and program improvement processes
- institutional policies and/or procedures for overall program review and curriculum revision (many educational programs have cyclical – often 5-year – reviews).
  - **for the program self-assessment document provided in phase I**, include relevant excerpts of policies and procedures related to program review and evaluation.
  - **for the onsite visit (phase II)**, provide full policies and procedures related to program review and evaluation.

Note: When providing complete policies or access to complete policies, the program should indicate, mark, or highlight the pertinent section or excerpt that provides supporting evidence for the criterion. This is helpful to ensure information is not overlooked.

- The program must complete template 5A, Data collection, listing its major groups of stakeholders and indicating the means used to consult or collect performance data. The program should also include the frequency of consultation or collection, the program person(s) responsible for the consultation or collection and the analysis and communication of the data for subsequent action.

## External consultation/strategic direction

- The program must include a list of its external stakeholders and a description of the processes used for regular consultation with the external stakeholders regarding their needs, the program's relevance and long-term (strategic) direction. Processes could include, but are not limited to, market studies, task forces, focus groups, advisory committees, or other mechanisms as deemed useful by the program to inform its strategic direction.
  - For other types of consultations, a description--including the frequency of consultation, and identification of stakeholder--should be provided.

## Program performance data

- In accordance with the information provided on template 5A, Data collection, the program must provide a blank copy of each tool used to collect performance data for the program. Tools may include:
  - surveys administered to employers, graduates, students, employees, and didactic and clinical/practicum personnel
  - more informal consultations or discussion forums
- If applicable, the program must include a description of any methods and processes (other than surveys) used to elicit feedback.
  - Such methods and processes may include didactic faculty/clinical educator meetings, meetings with students, and other mechanisms as identified by the program.

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**Criterion 5.2      The program analyzes performance data systematically, identifies strengths and areas for improvement and determines actions to be taken.**

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## Program outcomes

Planned and regular reviews, as well as the systematic analysis of collected data are key steps in identifying program strengths and areas that require improvement. A systematic review and analysis process is in place to ensure that issues requiring action are identified. The process leads to the implementation of timely actions (see criterion 5.3).

## Guidance for documentation

If not already described in the continuous quality improvement process in criterion 5.1, the program must describe the process followed for the review and analysis of the input, feedback or data collected by the program.

- When and by whom is the analysis conducted?
- When and to whom is the information disseminated?
- When and by whom are decisions made regarding actions to be taken?

When applicable, the program may want to explain any limitations or particular circumstances around data collection, response rates or other issues to provide appropriate context.

### Data

The program must provide evidence that it collects data by providing the input or performance data collected. The list below provides examples of possible evidence. This list is not exhaustive; the program must adjust based on its practices.

- Summaries, compilations, collations of all performance data collected via surveys, including qualitative and quantitative data. Comments provided in surveys should be provided verbatim.
- Institutional or provincial evaluation processes (e.g., key performance indicators (KPI) survey data, if applicable). If KPI survey results are submitted, the data should clearly relate to the program and be useful to its continuous improvement process, rather than high-level results that cannot be related to the program or the competencies attained by its graduates. The program should extract the pertinent information to present as evidence.
- Performance data collected via methods other than surveys (e.g., data collected during committee meetings, group discussions, etc.). This data can be presented as minutes or summaries.
- Reports from market studies, task forces, focus groups, advisory committees, or other external consultation processes.
- Report(s) from program or curriculum review processes.
- Previous CMA Conjoint Accreditation Services program assessment report and follow-up assessment reports.

**For the program self-assessment document provided in phase I,** the program must provide:

- performance data collected for the last year
- reports from external consultation processes
- any report from a program review that occurred in the last 5 years
- the previous CMA program assessment report and any follow-up assessment reports
- excerpts of minutes or summaries of program committees and stakeholders meetings for the past year

**For the onsite visit (phase II),** the program must provide collated input and data collected for the past 3 years.

### Data analysis

- Identification of trends, program strengths and areas for improvement as a result of the review of input, performance data and reports.
  - Complete template 5B, Analysis, or provide equivalent information.

**Note for new programs and programs without graduates:** It is difficult for a new program or a program without graduates to demonstrate that analysis is systematic (planned and regularly performed), in particular, if the program is of short duration. New programs and programs without graduates can meet criterion 5.2 by demonstrating the following:

- The evidence in the phase I self-assessment report confirms that the program has collected and responded to external stakeholder input regarding the strategic direction of the program.
- The evidence in the phase I self-assessment report confirms that that the program has sought appropriate stakeholder input into development of the curriculum.
- The evidence presented at the phase II visit confirms that the program has collected performance data for the program segments conducted to date (e.g., course evaluations by students, feedback from program committee meetings or personnel meetings), has analyzed this data and identified necessary corrective actions in response to problems or concerns raised by students and stakeholders.

**Note for established programs that have substantially changed:** The program's past performance on this criterion will be considered a predictor of the program's future performance. It will therefore be possible for programs that have undergone major change to meet this criterion.

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**Critical criterion 5.3      The program responds to performance data analysis and stakeholder input with relevant and timely actions for program improvement.**

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**Program outcomes**

Timely actions based on input, feedback and evidence gathered by the program is core to overall quality improvement. The program also responds to broad, overarching institutional directives and new developments within the profession.

For areas requiring improvements, the decision about immediate or eventual implementation of change is considered in relation to upcoming student cohorts and possible impact on the program. In some cases, monitoring an issue is considered an appropriate action and eventual decision on program change will be taken later when sufficient evidence of a trend is available, or when other required factors are in place to facilitate the change.

The flow from performance data collection and analysis through to program improvements is clear and documented.

**Note for new programs and programs without graduates:** It is difficult for new programs and programs without graduates to meet this criterion when the visit occurs before the first cohort graduates. In general, the data collected will be too limited, and while some changes will have been made, this criterion cannot be fully assessed before at least an entire cohort has graduated. As such, these programs will not likely be able to meet criterion 5.3.

**Note for established programs that have substantially changed:** The program's past performance on this criterion will be considered a predictor of the program's future performance. Therefore, it will be possible for programs that have undergone major curriculum change to meet this criterion.

## Guidance for documentation

- The programs must provide a list of actions resulting from the analysis and review of performance data, institutional or stakeholders' directives, other input or consultations.
  - Complete template 5C, Actions and outcomes, or provide equivalent information.

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**Criterion 5.4 The program evaluates the effectiveness of actions taken for program improvement, takes further corrective measures as needed and ensures its ongoing compliance with the requirements for accreditation.**

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### Program outcomes

The program assesses the effectiveness and success of measures implemented as a result of its quality assessment and improvement processes.

Should any measure taken result in an outcome that is not satisfactory, the program takes further action to address the situation.

The program reports required information to CMA Conjoint Accreditation Services between accreditation cycles (see the document *Program assessment procedures* on [cma.ca/accredit](http://cma.ca/accredit)) and ensures its compliance with the requirements for accreditation at all times. The program ensures that any program changes being considered are assessed for their potential impact on the program's compliance with accreditation requirements.

**Note for programs seeking accreditation for the first time:** It is difficult for programs seeking accreditation for the first time to meet this criterion, particularly when the visit occurs before the first cohort graduates. Programs seeking accreditation for the first time will have limited data, few, if any, results on actions taken and will likely have had little to no opportunity for course corrections on actions not yielding the expected results. Moreover, programs seeking accreditation for the first time are unable to demonstrate their ability to ensure compliance with the requirements for accreditation. Therefore a program seeking accreditation for the first time, must at least have established a process to ensure it will meet criterion 5.4 and provide the details of this process.

**Note for established programs that have substantially changed:** The program's past performance on this criterion will be considered a predictor of the program's future performance. Therefore, it will be possible for programs that have undergone major curriculum change to meet this criterion.

## Guidance for documentation

- The program must show evidence that it regularly measures the effectiveness of actions taken based on its continuous improvement process.
  - In cases where the actions taken are effective, the program must identify performance data confirming the issue is resolved.
  - In cases where the actions taken were not effective, the program must identify subsequent actions to yield the results sought by the program.
  - Complete template 5C, Actions and outcomes, or provide equivalent information.
- The program must describe how it ensures its ongoing compliance with the requirements for accreditation and report actions taken to do so.