Program assessment procedures
CMA Conjoint Accreditation Services

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Revised by CMA Accreditation, February 2014

- Section 12.3  Ongoing compliance with accreditation and reporting requirements
  Clinical/practicum sites

Revised by CMA Conjoint Accreditation Services, January 2016

Sections updated resulting from change to application process:

- Section 1  Application
- Section 2  Scheduling the first accreditation visit
- Section 5.1  Phase I: Document review and apparent compliance
  Phase I assessment outcomes - Unsuccessful phase I assessment
- Section 7  The accreditation status
- Section 9.1  Voluntary registration withdrawal
- Section 10.1  Registered program
- Section 14  Re-application
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Program assessment procedures

1 Application

A program seeking accreditation by CMA Conjoint Accreditation Services (CMA Accreditation) must complete the application form available on the CMA Accreditation website (cma.ca/accredit) and provide the required supporting evidence, as listed on the form.

1.1 Process

The completed and signed application form, the supporting evidence and the associated non-refundable fee are submitted together to CMA Accreditation by the program’s corporate authority (see Definition of key terms available at cma.ca/accredit).

Within 60 calendar days of receipt of the program’s application, supporting evidence and fee, CMA Accreditation will select one or two assessor(s) from its roster of surveyors. The assessor(s) will be an educator and/or an educator/practitioner in the same professional discipline as the program submitting the application. More details on the specific role of the assessor can be found on cma.ca/accredit.

The assessor(s) must commit in writing to abide by the CMA Accreditation confidentiality and conflict of interest guidelines. Once this commitment has been received, the name(s) of the assessor(s) is/are sent to the program. The program has 10 calendar days to submit an objection to the participation of an assessor based on the same grounds and process outlined in section 3.2.

The application and supporting evidence is reviewed by the assessor(s) and CMA Accreditation and a decision is made on whether the application is approved or not.

Application assessment outcomes

An application is approved if the program meets all four elements described in the application handbook. Once its application is approved, a program becomes “registered”.

If one or more of the four elements are not met, the application is not approved. The decision of the assessor(s) is final. A program whose application was not approved may re-apply at any time. The previous program assessment report (readiness for accreditation) must be submitted with the new application.

2 Scheduling the first accreditation visit

Following the program’s application approval and subsequent registration, CMA Accreditation communicates with the program to determine a realistic date for submission of the program self-assessment report and date for the accreditation visit.
Programs should plan 12 to 18 months between registration and the first accreditation visit.

The first accreditation visit must be scheduled within three years of the program’s registration or the program loses its registered status and must re-apply.

If a new program is seeking accreditation before the first class graduates, the accreditation visit is ideally scheduled to take place after students have completed approximately two-thirds of the program.

2.1 Deferral of the first accreditation visit

A program may defer its first scheduled visit only once.

If a program determines that a deferral of the scheduled visit date is necessary, the program should contact CMA Accreditation to discuss the deferral.

An administration fee will apply if the request to reschedule is within 14 months of the originally scheduled visit date.

A second deferral request will result in a status of “voluntary registration withdrawal” (see section 9.1, Voluntary registration withdrawal).

The program must submit a new application form and associated documents and fee following the usual process.

The status will be posted on the official list of programs for a period of 1 year of a program’s withdrawal from the accreditation process or until the program has a new accreditation status.

3 The survey team

A survey team is assembled by CMA Accreditation for each program assessment.

Surveyors conduct program assessments on behalf of the Committee on Program Accreditation.

The team is selected from the surveyor roster for the health science profession of the program being assessed. Depending on the scope and complexity of the program, the team will consist of three or more individuals as determined by CMA Accreditation. Typically, a survey team includes a physician/scientist, a practitioner and an educator. The survey team consists of experienced and new surveyors. A staff member of CMA Accreditation accompanies the team as a resource on accreditation procedures and requirements. More details on the specific role of each member of the survey team can be found on cma.ca/accredit.

In provinces where a profession is regulated and CMA Accreditation has an agreement with the provincial regulatory body to conduct accreditation surveys, the provincial regulatory body may appoint a member of the survey team.
3.1 Confidentiality and conflict of interest

All surveyors and members of the Committee on Program Accreditation must sign a declaration confirming their agreement to abide by the CMA Accreditation confidentiality guidelines and conflict of interest guidelines.

Any individual who declines to sign the declaration shall not participate in the accreditation process. Any individual who declares a conflict at any time shall be subject to review and a determination made as to the level of involvement of the individual in the accreditation process.

Once all signed declarations of conflict of interest forms have been received and the survey team is complete, the list of surveyors is sent to the program. Every effort is made to provide the completed list to the program one to two months before the program self-assessment report submission date.

3.2 Program objection to the participation of a surveyor on a survey team

A program may submit an objection to the participation of a surveyor on a survey team on the following grounds:

- the program alleges that the surveyor is unable to provide an impartial assessment, for example, because of an affiliation with a program that is in competition with the program to be assessed, or
- because of a bias for or against the program.

Process

The program must submit the objection to CMA Accreditation within 10 calendar days of the receipt of the names of the survey team members.

The objection must include documented evidence, for example, evidence demonstrating the nature of the competition between the program to be assessed and the program with which the surveyor is affiliated, or real and substantial evidence of the surveyor’s bias for or against the program. The program is asked to not forward the program self-assessment report to the surveyor named in the objection until a decision is made or the matter has been resolved.

Bearing in mind environmental factors such as the size of the profession and language, CMA Accreditation will review the objection, in consultation with other CMA staff and departments as required, and will decide whether there are sufficient grounds for replacement of the surveyor.

CMA Accreditation will make every effort to provide the program with a written response within 10 calendar days of receipt of the program’s objection. The surveyor will be advised in light of the surveyor’s previous declaration concerning conflict of interest and confidentiality.
Request for a review of the decision

Either the program or the surveyor may request a review, by the Committee on Program Accreditation, of the decision rendered by CMA Accreditation. The request for review must be submitted to the committee within 10 calendar days of receipt of the decision and must include the reasons for objecting to the decision. All interested parties will be provided with the opportunity to submit additional evidence.

The Committee on Program Accreditation will assess the request with all evidence, and will provide a written decision within 20 calendar days. The committee’s decision is final.

4 Preparing for accreditation

4.1 Designated contact person

Each program is expected to designate one individual as the program’s primary contact person with CMA Accreditation. The primary contact person serves as the main communication link between the program and CMA Accreditation.

An institution with several accredited programs, may appoint one primary contact person for each accredited program.

Between visits, programs are required to report to CMA Accreditation changes in the name, title and/or address for the program contact person.

The contact person’s role can be found on the CMA Accreditation on cma.ca/accredit.

4.2 Preparing the program self-assessment report for submission

The program submits a completed Request for accreditation form and a program self-assessment report to CMA Accreditation by the specified date, which is approximately 6 months before the date of the accreditation visit.

Accreditation documents may be submitted in either official language. The program self-assessment report must be presented in the requested format, using the templates and forms provided on cma.ca/accredit.

Request for accreditation

The request for accreditation form, found on cma.ca/accredit, must be signed by an individual or individuals representing the corporate authority for the program. The submitted request for accreditation and program self-assessment report constitute an agreement between CMA Accreditation and the program.
Program self-assessment report

The program self-assessment report enables a program to document its own assessment of compliance with the five accreditation requirements.

Drawing from contributions of program personnel, clinical partners and other key stakeholders, the program provides supporting evidence as to how it meets each criterion within the requirements and introduces particular circumstances or unique program attributes that may help in the assessment process.

If the program determines that it does not yet meet a given criterion, it must describe any action planned or underway to meet the criterion along with the projected completion date.

5 Assessment of program compliance

5.1 Phase I: Document review and apparent compliance

The program self-assessment report and accompanying evidence are reviewed and assessed by the survey team as the first step toward validating compliance with the requirements.

The team’s assessment of the program’s performance against each criterion determines the level of compliance with each of the five requirements. This assessment results in one of the following levels of compliance for each requirement:

Compliance The program meets the critical criteria for a requirement and at least two-thirds of all criteria for the requirement.

Partial compliance The program fails to meet one critical criterion for a requirement or the program meets at least one-half but less than two-thirds of all criteria for the requirement.

Non-compliance The program fails to meet two critical criteria for a requirement or the program meets less than one-half of all criteria for the requirement.

The program’s eligibility for a program visit is determined by the apparent extent of compliance with the requirements. To be eligible for a visit, the program must meet at least six of the ten critical criteria and must demonstrate compliance or partial compliance with all five requirements.
Phase I assessment outcomes

The survey team provides the program with the results of the phase I document review within 60 calendar days of receipt of the program’s self-assessment report. The phase I program assessment report documents the team’s initial assessment and identifies where further evidence of compliance is required.

The phase I document review will result in one of the following outcomes:

- **phase II visit to proceed** — if the assessment indicates that the program is in at least partial compliance with all five requirements and meets at least six of the ten critical criteria, the visit proceeds.

- **phase II visit on hold** — if the assessment indicates that the program is in non-compliance with one or two requirements or only meets four to five critical criteria, the program is given one opportunity to submit additional evidence to meet the outstanding criteria within a time frame that will enable the visit to proceed as tentatively scheduled. The evidence is reviewed and either the criteria are met and the visit proceeds or the assessment results in an unsuccessful phase I assessment. An additional document review fee applies.

- **Unsuccessful phase I assessment** — if the outcome of the phase I assessment is non-compliance with three or more requirements or if the program meets less than four critical criteria, the assessment is terminated, the program must re-apply (see section 14, Re-application) in order to be re-assessed. The Committee on Program Accreditation ratifies the phase I program assessment report before it is sent to the program.

5.2 Phase II program visit

The program visit is conducted to validate the evidence submitted in the program self-assessment report, collect additional evidence through interviews with program participants and stakeholders, and a review of documents, such as course outlines, student evaluation records, program performance data and minutes of committee meetings.

The program is asked to designate one central site from which the team will conduct most interviews. The survey team may visit one or more didactic and clinical/practicum sites, as identified by the survey team in consultation with the program following the phase I document review.

During the onsite visit, the survey team reviews additional documentation and interviews key program participants. Interviews may take place in person (face to face) or through other means such as telephone, teleconference or videoconference. Multiple interviews may be conducted concurrently.
The format and timing of the program visit are determined in consultation with the program and are based on the scope of the program and the results of the phase I document review. The length of program visits varies from 1.5 to 3 days based on the complexity of the assessment, the number of didactic sites and the number of clinical/practicum sites.

A sample visit schedule is provided on cma.ca/accredit.

5.3 Waiving the requirements for a full assessment

In exceptional circumstances, CMA Accreditation may waive some of the requirements for a full program assessment. CMA Accreditation will review the specific circumstance and the chair of the Committee on Program Accreditation or a delegate will be consulted for input on the final decision.

6 Program assessment report

Within 30 calendar days of the onsite visit, a written report is forwarded to the program for comment. The survey team’s assessment of program compliance is documented in the program assessment report and the report includes the survey team’s recommendation for accreditation status. Prior to release to the program, the written report is subject to final verification by CMA Accreditation.

6.1 Response from program and additional evidence for unmet critical criteria

Within 30 calendar days of receipt of the program assessment report, the program must signify in writing to CMA Accreditation whether it accepts the report as provided, or whether it wishes to submit additional evidence to demonstrate that it now meets any criterion or criteria assessed as not met at the time of the visit. The evidence must accompany the program response and must be such that it can potentially affect the compliance level for a requirement or the overall accreditation status for the program.

Additional evidence submitted by the program is circulated to the survey team for consideration and possible modification of the report.

Evidence for non-critical criteria

Evidence for unmet non-critical criteria is not required or suggested unless the evidence provides an opportunity for a change in compliance level. Evidence that the program has worked to improve compliance with unmet non-critical criteria will be assessed at the program’s next scheduled accreditation survey visit.
6.2 Final report

The program assessment report, as finalized by the survey team, is then submitted to the Committee on Program Accreditation for ratification. The final program assessment report is then forwarded to the program by CMA Accreditation.

Agreement with provincial regulators

In provinces where a profession is regulated and CMA Accreditation has an agreement with the provincial regulatory body to conduct accreditation surveys, the final program assessment report is provided to the regulatory body.

7 The accreditation status

The accreditation status is public and available on the website at cma.ca/accredit. CMA Accreditation reserves the right to communicate this status to those it considers may have a legitimate interest in this information.

One of the following statuses is accorded based on the extent of program compliance with the requirements:

- **6-year accreditation**: The program is in compliance with all five requirements.

- **2-year accreditation**: The program meets at least six of the ten critical criteria and is in partial compliance with at least one of the five requirements.

  A new program without graduates can at best obtain a 2-year accreditation status.

- **Accreditation withheld**: The program was not previously accredited and the assessment reveals that the program meets fewer than six of the ten critical criteria or is in non-compliance with any of the five requirements.

- **Accreditation withdrawn**: The program was previously accredited and the re-assessment reveals that the program meets fewer than six of the ten critical criteria or is in non-compliance with any of the five requirements.

  Accreditation is also withdrawn when a program has remained in partial compliance following review of multiple program reports and/or a revisit during a 2-year accreditation term or a second 2-year accreditation term.

A number of administrative statuses may also appear for 1 year on the official list of programs. Details are available online at cma.ca/accredit.
7.1 According the accreditation status

The Committee on Program Accreditation reviews all program assessment reports. The committee has the right to revise the report, the recommendation for each criteria and the recommended accreditation status. Based on its review, the committee accords the accreditation status.

The accreditation status is effective from the date the status is accorded by the Committee on Program Accreditation. Accreditation status is not retroactive, and is limited to the term accorded (i.e., 6 years or 2 years).

The accreditation status applies only to the program assessed (see section 7.6, Non-transferability of accreditation status).

7.2 Reassessment of the accreditation status

The Committee on Program Accreditation retains the right to reassess a program at any time during the term of accreditation if evidence is presented to the committee by the program or a third party that indicates the program may be in partial compliance or non-compliance with any requirement.

7.3 Expiry of accreditation status

An accreditation status expires on the date indicated on the program assessment report.

If an accreditation status expires before the re-assessment is complete and/or the new accreditation status is accorded, the program is listed on the official list of programs with the status “accreditation expired” until the next status is ratified or for 1 year, whichever comes first.

7.4 Extension of accreditation term

The Committee on Program Accreditation has the discretion to determine whether exceptional circumstances beyond a program’s control warrant a limited extension of the accreditation status beyond the term accorded. A program may request an extension of its accreditation term when such circumstances significantly impact the ability for the program to prepare for its next accreditation assessment. The program must provide a clear rationale for its request and evidence that its ongoing program evaluation process is effective. The request for extension form is available at cma.ca/accredit.

7.5 Disclosure of the accreditation status

The name of the program, its clinical/practicum or delivery sites and the accreditation status are listed on the official list of programs published online at cma.ca/accredit.

The accreditation status is public and available on the website at cma.ca/accredit. CMA Accreditation reserves the right to communicate this status to those it considers may have a legitimate interest in this information.
7.6 Non-transferability of accreditation status

Once a program is accredited under a given corporate authority, its accreditation status is not transferable to another corporate authority. The accreditation status accorded to a given program under a given corporate authority applies only to that program under that corporate authority.

If a corporate authority that delivers an accredited program transfers, sells or brokers the program or any portions to another agency or institution, the program will not be accredited under the new corporate authority. In such a case, the new corporate authority must initiate the usual process to apply for accreditation of the program under its own corporate authority. The accreditation of the original program ceases at the time of transfer, sale or brokering to the new corporate authority. Similarly, an institution with an accredited program that wishes to retain its own program but partner with another agency to deliver the program under a joint corporate authority must apply for separate accreditation of the program under the joint authority.

Also refer to section 12.3, Ongoing compliance with accreditation and reporting requirements, under “New or additional didactic delivery sites”.

8 Accreditation withheld and accreditation withdrawn

If the Committee on Program Accreditation withholds accreditation from a registered but not yet accredited program or withdraws accreditation from an accredited program, the program’s corporate authority has the responsibility to communicate with the relevant certification or registration authorities regarding the students’ eligibility for the professional certification or registration process.

Decisions regarding students’ eligibility for professional examination, certification, registration or licensing fall within the jurisdiction of the certification or registration authority.

Programs with accreditation withheld or accreditation withdrawn are listed as such on the official list of programs for 1 year following the according of this status.

If accreditation is withheld or withdrawn from a program, the program must re-apply to be eligible for another assessment (see section 14, Re-application).

8.1 Accreditation withheld

A program must meet at least six of the ten critical criteria and be at least in partial compliance with all five requirements during any phase of its accreditation assessment or face withholding of accreditation.

If accreditation is withheld as a result of a phase II visit, the program pays for the actual costs of the phase II review and any applicable administration fee.
Impact on students

If the Committee on Program Accreditation withholds accreditation from a registered (but not yet accredited) program, the program was never accredited and students enrolled in the program at any time are not considered to be students or graduates of an accredited program.

8.2 Accreditation withdrawn

An accredited program must meet at least six of the ten critical criteria and be at least in partial compliance with all five requirements during any phase of its accreditation assessment or face withdrawal of accreditation.

Likewise, an accredited program with a second 2-year accreditation status must achieve compliance with all the requirements within the second term of 2-year accreditation or face withdrawal of accreditation.

Impact on students

If the Committee on Program Accreditation withdraws accreditation from an accredited program, students who were enrolled in the program at any time during which the program was accredited and who successfully complete the program will be considered by the Committee on Program Accreditation to be graduates of an accredited program, provided that the program meets all conditions specified by the committee.

Students enrolling in the program after the effective date of withdrawal of accreditation will not be entering an accredited program. This is applicable only when the committee has withdrawn accreditation from a previously accredited program that has become non-compliant; it does not apply when a program withdraws voluntarily from the accreditation process (see section 9, Voluntary withdrawal from accreditation).

9 Voluntary withdrawal from accreditation

A program may withdraw from the accreditation process voluntarily. If an accredited program withdraws voluntarily from the accreditation process, its accreditation status is changed to “voluntary withdrawal.” This status will appear on the official list of programs for a period of 1 year.

Non-payment of accreditation fees results in a “voluntary withdrawal from accreditation” as of the first day of the period covered by the unpaid fees.

The program must re-apply to be eligible for another assessment (see section 14, Re-application).
Impact on students

Students graduating from a program after the voluntary withdrawal date will not be considered graduates of an accredited program regardless of whether the program was accredited when they enrolled.

The program has the responsibility to communicate with the relevant certification or registration authorities regarding the students’ eligibility for the professional certification or registration process.

Decisions regarding students’ eligibility to sit the exam fall within the jurisdiction of the certification or registration authority.

The program also has the duty and responsibility to communicate this information to its students and graduates in a timely manner.

The accreditation status is public and available on the website at cma.ca/accredit. CMA Accreditation reserves the right to communicate this status to those it considers may have a legitimate interest in this information.

9.1 Voluntary registration withdrawal

When a currently registered but not yet accredited program voluntarily withdraws from the accreditation process before or after submission of its first self-assessment report, it must re-apply.

The status will be posted on the official list of programs (available on cma.ca/accredit) for a period of 1 year of a program’s withdrawal from the accreditation process or until the program is registered again.

10 Promoting the accreditation status

Programs are encouraged to promote the fact that they are participating in the CMA accreditation process but should take care to ensure that published information is accurate.

Registered and accredited programs are invited to include a link to the CMA Accreditation webpage (cma.ca/accredit) to provide readers with more information about the accreditation process.

Programs should note that the CMA’s name, logo and accreditation certification mark are registered as official marks and are protected under Section 9 of the Trade Marks Act. The use of these official marks is strictly monitored and is contingent on being accorded and maintaining a 2-year or 6-year accreditation status. No use of the logo or the certification mark is permitted without prior written permission of the CMA or CMA Accreditation.
10.1 Registered program

A program whose application has been approved but has not yet been accredited cannot advertise or imply that accreditation has been granted, but it may advertise its registered status using the following statement:

“The [name of institution] has registered for the Canadian Medical Association accreditation of the [name of program] delivered at [delivery site]. The program assessment is tentatively scheduled for [date of visit].”

The program’s registered status and tentative date of the assessment are posted on the official list of programs on cma.ca/accredit.

10.2 Accredited program

A program that has been accorded accreditation may use the CMA Accreditation certification mark to advertise its accredited status. To do so, the program must request permission to use the mark and should be vigilant with its renewal or removal as its accreditation status changes.

The following statement may be used to promote the program’s accreditation status:

“The [name of program] delivered by the [name of institution] at [delivery site] is accredited by the Canadian Medical Association.”

The program’s accreditation status and expiry date are posted on the official list of programs on cma.ca/accredit.

11 Appeal of the accreditation status

A program may appeal the following statuses:

• an unsuccessful phase I assessment (see section 5.1, Phase I: Document review and apparent compliance);
• the accreditation status accorded as a result of a phase II program visit (see section 7, The accreditation status);
• the accreditation status accorded as a result of a review of a follow-up report (see section 12.2, Program reporting procedures as a result of the accreditation status);
• the accreditation status accorded as a result of a program revisit (see section 12.2, Program reporting procedures as a result of the accreditation status).

To be eligible to appeal the accreditation status accorded by the Committee on Program Accreditation following a phase II program visit or program revisit, a program must have availed itself of the 30-day response period following receipt of the unratified assessment report (i.e., the
program must have submitted evidence with regard to the assessment documented in the assessment report) (see section 6.1, Response from program and additional evidence for unmet critical criteria).

The appeal is not an opportunity for a program to repair deficiencies in the evidence submitted to the survey team by adding new information or materials that were not available to the survey team. The appeal is based on the information already provided by the program.

Any new information or material that relates to changes or program conditions implemented subsequent to the date of the assessment being appealed is not admissible in an appeal; it should rather be the subject of a new assessment.

### 11.1 Appeal process

The completed appeal form, any supporting documents and the appeal fee must be received by CMA Accreditation within 30 calendar days of the program’s receipt of the ratified assessment report from the Committee on Program Accreditation. For the purposes of calculating the 30-day period, the program is deemed to have received the assessment report on the 5th day following the date the report was sent to the program.

The appeal is submitted to CMA Accreditation who will forward it to the chair of the Committee on Conjoint Accreditation.

The program’s reason(s) for the appeal must be stated and relate directly to the status in the program assessment report. The reason(s) should explain why the program considers the status unjustified based on the evidence available to the survey team at the time of the assessment.

**Independent appeal review team**

Within 30 calendar days of receipt of a program appeal, the Committee on Conjoint Accreditation will appoint an independent appeal review team (i.e., an appeal team whose members will not be members of any survey team that previously assessed the appellant program, or current members of the Committee on Program Accreditation or Committee on Conjoint Accreditation).

All review team members will be required to complete conflict of interest declarations, following the usual process (see section 3.1, Confidentiality and conflict of interest).

The appeal review team will have discipline expertise relevant to the appeal and will normally, but not necessarily, consist of three experienced surveyors: one physician/scientist, one practitioner and one educator. The appeal review team will review the program’s appeal request and the evidence previously submitted by the program and on which the recommendation for accreditation status being appealed is based (i.e., phase I submission, 30-day response report following a visit or revisit, or follow-up report), as well as the program assessment report ratified by the Committee on Program Accreditation.
The appeal review team may consult, in writing, verbally or both, with the appellant program, the chair of the survey team that conducted the assessment being appealed and the chair of the Committee on Program Accreditation to clarify details of the assessment being appealed or evidence submitted by the program.

The appeal review team will forward a report and recommendation to the Committee on Conjoint Accreditation within 60 calendar days of the appointment of the independent appeal review team.

**Committee decision**

The Committee on Conjoint Accreditation will provide a decision on the appeal, with justification, within 30 calendar days of receipt of the appeal review team’s recommendation (total of 120 calendar days following receipt of the program’s appeal).

The committee will either:

- grant the appeal and accord a new accreditation status; or
- deny the appeal and maintain the accreditation status accorded previously by the Committee on Program Accreditation.

The decision of the committee is final.

**11.2 Committee discretion**

The Committee on Conjoint Accreditation has the discretion to adjust the time frames for review and resolution of an appeal when circumstances unduly prejudice those who may be affected by the outcome of the appeal process. For example, the committee may extend the time frame for the review and resolution of an appeal if the review falls within a holiday period. The committee’s overriding consideration at all times is to provide a fair opportunity for the program’s appeal to be fully considered.

**11.3 Appeal fees**

The program will be required to pay an administration fee upon submission of the appeal. The fee will be refunded in full if the appeal is granted. If the appeal is denied, the appellant will be billed for all costs (travel, meetings, administrative and other) related to the appeal review team.

**12 Program reporting requirements**

**12.1 Immediate action**

In some cases, after a phase II visit, a program may be required to submit evidence of immediate action to address a situation that poses significant risk to students or patients.
12.2 Program reporting procedures as a result of the accreditation status

Reporting procedures for programs with 6-year accreditation status

Programs with a 6-year accreditation status are expected to take timely action on non-critical criteria that were not met at the time of the assessment and to provide evidence of compliance at the next assessment.

Reporting procedures for programs with 2-year accreditation status

Programs accorded 2-year accreditation are required to submit one or more follow-up report(s) as specified in the program assessment report. The program follow-up report(s) must provide evidence of compliance with unmet criterion or criteria within any requirement that was in partial compliance at the time of the survey visit.

The survey team assesses the evidence submitted and recommends, to the Committee on Program Accreditation, one of the following statuses:

- A 6-year accreditation (i.e., the program may complete the 6-year accreditation cycle) – If the program’s follow-up report provides clear evidence of compliance.

- A second term of 2-year accreditation – If the evidence indicates that the program has made progress toward achieving compliance but is still in partial compliance with one or more requirements.

A revisit may be required to confirm the program’s extent of progress toward compliance (see section 13, Revisit).

If a second term of 2-year accreditation is accorded, the program is required to submit one or more follow-up report(s) as specified by the survey team. The survey team assesses the evidence submitted to determine if the program has achieved compliance with the outstanding requirement(s) and qualifies for 6-year accreditation status (i.e., total term of 6 years from the effective date of the first 2-year accreditation).

If the evidence still does not indicate that the program has achieved compliance with the outstanding requirement(s), the program will have been in partial compliance during two terms of 2-year accreditation and a withdrawal of accreditation will occur (see section 8.2, Accreditation withdrawn).

- A withdrawal of accreditation (see section 8.2, Accreditation withdrawn) – If the evidence in the program follow-up report indicates that a program has not made any progress toward compliance with one or more requirements within a 2-year term of accreditation or if the program is in non-compliance with one or more requirement.

A revisit may be required before the withdrawal of accreditation (see section 13, Revisit).
12.3 Ongoing compliance with accreditation and reporting requirements

The program must monitor its ongoing compliance with the requirements for accreditation, assess changes that are implemented between surveys and take initiative in reporting changes affecting one or more critical criteria to the CMA Accreditation.

**Yearly data reporting**

The program must complete the annual program information update form by November 30th of each year and submit to CMA Accreditation.

**Program changes**

It is recognized that changes will be made to a program during the term of accreditation. Programs are required to report major changes that relate to the critical criteria. The program must contact CMA Accreditation to determine how the program changes will be assessed, if applicable, and whether a new program self-assessment report is required to demonstrate that the program continues to meet the relevant critical criterion/criteria.

Whenever possible, during the 6-year accreditation cycle, selected members of the original survey team will review new evidence presented by a program. As usual, the survey team will review the evidence and confirm the accreditation status or recommend a change. If the recommendation involves a change in the accreditation status, a program assessment report is submitted to the Committee on Program Accreditation for ratification following the usual process. A revisit may be required in order to assess the program’s compliance and determine the accreditation status to be accorded (see section 13, Revisit). The program will incur the costs associated with the revisit.

**Revisions to the national competency profile**

From time to time, a national certification body or the provincial regulator will issue a revised competency profile for the profession. The program is required to adjust its curriculum accordingly and an updated cross reference of the curriculum to the competency profile will likely be required as evidence that the program continues to meet critical criterion 1.3.

**Major curriculum changes**

Major curriculum changes made by the program must be reported since they relate to critical criterion 1.3. An updated cross reference of the curriculum to the national competency profile will likely be required as evidence that the program continues to meet critical criterion 1.3.

**Declining results on certification examinations**

A program is expected to report to CMA Accreditation any declines in graduate success rates occurring on consolidated results for 2 consecutive years. The report from the program should include an analysis of these results in relation to national annual success rates and other relevant
trends. The program must indicate the corrective measures it will take to improve its graduates’ performance and must provide evidence of improved results. If a professional association or regulator has set a benchmark for successful pass rates, the program must at minimum, achieve this pass rate.

Failure to show improvement on the examination results would lead to critical criterion 1.5 being unmet and a change of accreditation status could occur.

**Clinical/practicum sites**

Accredited programs must have relevant criteria and processes in place to add new clinical/practicum sites (see criterion 4.1). If one or more sites are added, the program must submit a letter signed by the corporate authority (i.e., an individual who has accountability and authority to sign agreements for the program, see criterion 4.2) confirming:

1) that he/she has read the criterion 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 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 criteria 3.1, 3.2, 3.5 of the *Requirements for accreditation*

**New or additional program format**

A process is available for a program to request that its accreditation status be applied to a new or additional program format, for example, the development of a distance education format. The program should contact CMA Accreditation to initiate this process.

If the new program format contains different program elements for one or more critical criteria, the new format will be accredited separately from the currently accredited. A document review fee will apply.

**New or additional didactic delivery sites**

If a program wishes to expand its delivery model by adding one or more new didactic delivery sites, the accreditation status is not transferable to the new/expanded model without further assessment.

For example, if a program is assessed as a single didactic site program, its status is not transferable to additional didactic delivery sites offered by the same institution. If a program is assessed with
multiple didactic delivery sites, its accreditation status applies to additional didactic delivery sites once the necessary documentation on the new sites is submitted to CMA Accreditation.

The program must contact CMA Accreditation to determine how the program changes will be assessed, what specific documentation is required and whether a new program self-assessment report is required.

13 Revisit

A revisit is a limited onsite assessment of a program against one or more criteria.

A revisit may be conducted when a program’s follow-up report does not provide clear evidence of compliance and further evidence of the program’s progress toward compliance is required to avoid an assessment of non-compliance and withdrawal of accreditation.

A revisit may also be conducted following a third party complaint.

Within 30 calendar days of a revisit, a program assessment report is provided to the program for comment. The usual process for program response is followed (see section 6.1, Response from program and additional evidence for unmet critical criteria).

The program must cover the actual travel and maintenance costs for the revisit as well as any applicable administration fee.

Right of refusal

A program may refuse the revisit. It will then be considered in non-compliance with the requirements and accreditation will be withdrawn.

14 Re-application

To re-apply, the program submits a new application form with the usual documentation and fee (see section 1, Application).

When re-applying, a program must attach any prior assessments from CMA Accreditation.

14.1 Re-application following a status of accreditation withheld or withdrawn

A program whose accreditation has been withheld or withdrawn must re-apply to be eligible for a new assessment.

Process

When re-applying following a status of accreditation withheld or withdrawn, the program must submit the usual application documentation and, in addition, attach an action report listing the actions taken and planned (with timelines) in response to the previous assessment. An administrative
review of the action report is conducted by CMA Accreditation to confirm that actions to address the previous assessment are underway and that all appropriate documentation has been submitted by the program.

Once the administrative review is complete, the Committee on Program Accreditation reviews the application and the program’s documents. The Committee on Program Accreditation approves the program’s application, specifies additional information required from the program to complete the application process, or denies the application.

Once a program’s application is approved, the program is granted a second registered status by the Committee on Program Accreditation, the date for the program’s submission and target date for the visit are determined following the usual process (see section 2, Scheduling the first accreditation visit). The assessment follows the usual procedures. Programs must include any previous program assessment reports in their second submission. The program’s second submission is its opportunity to provide evidence that it now meets all criteria.

The committee’s decision is final.

**Additional requirements**

Any program that re-applies as a result of an unsuccessful phase I or after receiving a status of accreditation withheld must arrange for a program-specific CMA accreditation workshop with the program staff at its establishment. This workshop is mandatory. The program must cover the actual travel and maintenance costs associated with the delivery of a workshop as well as pay the applicable workshop delivery fee.

**15 Third party complaint**

The third party complaint process has been established in the interest of:

- maintaining the integrity and credibility of the accreditation process;
- ensuring a fair and open process for stakeholders to identify concerns and questions regarding a program’s compliance with the requirements for accreditation;
- providing a mechanism for accountability of the accrediting body to the public.

If an outside party (third party) has reason to believe that an accredited program may not be in compliance with one or more of the requirements for accreditation, the party may submit a formal complaint to the Committee on Program Accreditation. The complaint must describe a specific concern or concerns about the program and/or identify one or more accreditation requirement(s) that is/are not being met. The complaint must include evidence to support the stated concern(s).
15.1 Complaint process

It is expected that third parties will use the processes available through accredited educational programs to deal with their concerns. If CMA Accreditation receives a complaint about an accredited program, the complainant is directed to contact the program in question and to first use the program’s available processes for addressing their concerns, if this has not already been done.

If, after due consideration, a third party decides to submit a complaint to the Committee on Program Accreditation, the complaint must be submitted in writing. The complaint must include a description of the specific concern(s) and evidence that the third party has taken steps to resolve the concern(s) directly with the program. If such steps have not been taken, the complaint should indicate why not. (See the third party complaint form available at cma.ca/accredit).

The CMA Accreditation will not act upon complaints made anonymously.

Decision to investigate the complaint

Upon receipt of a written complaint, CMA Accreditation forwards the complaint to a subcommittee of the Committee on Program Accreditation. The subcommittee is composed of the chair or vice-chair plus 2 other committee members based on their availability and background. Subcommittee members shall have no ties to the program or the complainant.

The subcommittee must review the complaint within 30 calendar days of its receipt to determine whether it is relevant and within the scope of accreditation. If the issue(s) is/are not relevant or within the scope of accreditation, the complaint will not be acted upon.

Within 30 calendar days of receipt of the complaint, the Committee on Program Accreditation informs the complainant whether the complaint is being investigated, and if not, why not.

Program notification & response

If the subcommittee decides that the issue is relevant, the complaint is reported to the Committee on Program Accreditation. The committee has 30 calendar days to inform the program in question that a third party complaint has been received. The name(s) of the complainant(s) is/are not disclosed. A brief prepared by the CMA Accreditation accompanies the notice to the program and the program has 30 calendar days to prepare a response.

Committee decision

Within 30 calendar days of receipt of the program’s response, the Committee on Program Accreditation must review the program response and inform the program of its decision. The committee makes one of the following decisions:

- maintain the program’s accreditation status with no further action, if the response provides evidence of continuing compliance with the requirements for accreditation;
• request additional information, if the response provides insufficient evidence of continuing compliance with the requirements for accreditation;
• conduct a revisit if further evidence from program participants is required to validate the response and demonstrate program compliance with the requirements for accreditation (see section 13, Revisit).

The revisit is conducted within 60 calendar days of the committee’s decision. The program is responsible for the costs of the revisit. If the revisit does not provide the required evidence of compliance, the Committee on Program Accreditation changes the accreditation status of the program to reflect the program’s compliance level. The program has the right to appeal the decision (see section 11, Appeal of the accreditation status).

Reply to complainant

Within 60 calendar days of the committee’s final response to the program following the investigation, the committee informs the complainant about the outcome of the investigation (i.e., whether the program is in compliance with the requirements for accreditation that were in question and whether the program is still accredited).

15.2 Committee discretion

The Committee on Program Accreditation has the discretion to adjust the time frames for reports when circumstances unduly prejudice those who may be affected by the outcome of the complaints process. For example, the committee may extend the time frame if the report falls due over a holiday period; alternatively, the committee may shorten the time frame if the students enrolled in the program are close to graduation. The committee’s overriding consideration at all times is to promote high quality patient care through the maintenance of educational standards.

16 Confidentiality

The program’s accreditation status is published online at cma.ca/accredit.

Other information about a program’s assessment is generally confidential, for example, the contents of the program self-assessment report, supporting evidence, evidence reviewed during the program visit and feedback to the survey team obtained during interviews.

The program assessment report is shared with third parties by the Committee on Program Accreditation or CMA Accreditation when there is an agreement between CMA Accreditation and the provincial regulatory authority, or if there is a legal requirement or directive to do so.
17 Accreditation fees

CMA Accreditation operates on a cost recovery basis.

17.1 Application fee

An application fee is payable when a program submits an application (see section 1, Application).

The application fee is payable with the application and is non-refundable.

17.2 First year accreditation fees

First survey visit

A program who is accredited for the first time will be required to pay all costs related to the initial survey visit.

The annual accreditation fee becomes payable once the program is accredited. The first annual fee is pro-rated based on the date when the first 2-year or 6-year accreditation status is accorded.

17.3 Annual accreditation fees

Once a program is accredited, an annual accreditation fee is payable. The annual fee applies from January 1 to December 31.

The annual fees are determined in the fall for the upcoming year based on actual expenses to date and projected operating costs for the upcoming year. Annual fees may be increased to ensure recovery of operating costs.

Annual accreditation fees for each year are based on the program information in the accreditation database as of December 31 (see section 12.3, Ongoing compliance with accreditation and reporting requirements, Yearly data reporting) of the preceding year. Annual accreditation fees are payable as issued.

The annual accreditation fee for a program with 6-year accreditation is based on the assumption that a program visit will be conducted every 6 years. The fee covers ongoing infrastructure costs and the costs of the phase I document review and phase II program visit. If the survey team must review additional evidence submitted by the program in order to qualify for the phase II program visit, a document review fee is payable for each additional review.

The annual fee for a program with 2-year accreditation is based on the assumption that there will be one follow-up report from the program and assessment by the survey team within 2 years. If the survey team must review additional evidence submitted by the program in order to qualify for continued accreditation, a document review fee is payable by the program for each additional review.
If a revisit is conducted to validate the 2-year report, the program is required to cover the actual costs of the revisit and an administration fee.

**Program withdrawal/program closure and annual fees**

If a program voluntarily withdraws from the accreditation process, or if a program closes, a program must continue to pay annual fees until such time as the last of its students have fully completed the program. Unpaid fees result in a status of “voluntary withdrawal of accreditation” (see section 9). Any student in the program at the time of withdrawal or closure will not be considered graduates of an accredited program; their eligibility for certification or registration exam may be at risk.

The fees for the last year of accreditation for the program will be pro-rated and a document closing fee may apply.

**17.4 Invoicing**

All invoices will be sent to the designated contact person for the program (see section 4.1, Designated contact person). Each program is expected to develop its own policies and procedures for payment of the annual accreditation fee.

Accreditation fees are subject to the goods and services tax (GST) or the harmonized sales tax (HST) (where applicable). Institutions which are GST exempt must include proof of GST exemption with the fee payment.

**17.5 Payment of accreditation fees**

The program is responsible for the payment of all fees related to accreditation. Accreditation fees are payable within 60 days of the invoice date. Fees not paid by the due date are subject to interest at a rate of 2% per month.

**Annual accreditation fees**

Invoices for annual accreditation fees are issued in mid-February of each year. If a program does not pay the annual accreditation fee by June 30, the program’s accreditation status is suspended for administrative reasons and the official status of the program becomes “voluntary withdrawal” (see section 9, Voluntary withdrawal from accreditation).

The program’s accreditation status will be reinstated if all fee arrears with interest are paid by September 30 of the same calendar year.

**Administrative fees**

An administration fee is payable by a program to cover the costs of accreditation services such as document reviews, extension of accreditation term, deferrals of visit, initial* or unsuccessful phase II
visits*, program revisits* appeals and program closures. Fees may be levied for other services, as deemed appropriate by CMA Accreditation.

* In these cases, the program must also cover actual costs of the survey team’s travel and maintenance.