# CMTCA Accreditation Standards

for

## Canadian Massage Therapy Education Programs

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# CMTCA ACCREDITATION STANDARDS
## FOR CANADIAN MASSAGE THERAPY EDUCATION PROGRAMS

## PREAMBLE

The Canadian Massage Therapy Council for Accreditation (CMTCA) is pleased to present these national standards for the accreditation of entry-level massage therapy education programs in Canada. Meeting national standards increases clarity and transparency and provides consistent, objective information about program quality.

CMTCA defines accreditation as "approval by an independent agency that an education program meets a pre-defined standard." The CMTCA accreditation process provides a foundation for excellence and continued quality improvement for massage therapy education programs across Canada.

## Quality descriptors

CMTCA uses eight quality descriptors to define the characteristics of high-quality massage therapy education programs.

| Quality Descriptor<br>*The program is…* | Definition<br>*The program…* |
|---|---|
| Accessible | Offers diverse and equitable resources and services |
| Accountable | Includes evaluation of program development and implementation |
| Collaborative | Engages with faculty, staff, students, patients/clients, and the community |
| Ethical | Leads and operates with integrity and equity |
| Learning centred | Champions professional development and advocacy and promotes lifelong learning for students |
| Relevant | Provides professional, current, and timely education and clinical experience |
| Safe | Protects patients/clients, students, faculty, and staff |
| Sustainable | Ensures ongoing stability and works to be significant, innovative, and progressive |

## The structure of the standards

The CMTCA standards set rigorous expectations while also providing education programs with an opportunity to showcase their individual strengths and approaches. The seven standards address key components of high-quality massage therapy education.

The standards are structured as follows.

- *Standard statement (e.g., 1.0, 2.0, etc.):* Each standard begins with an overarching statement of intent.
- *Criteria (e.g., 1.1, 2.1, etc.):* The specific, measureable elements that education programs must meet to show they have achieved the intent. The surveyor team rates each criterion as met, partially met, or unmet, after considering the organization's self-assessment and the site visit reviews, observations, and discussions.
- *Evidence:* Each criterion includes a list of evidence that education programs are expected to provide to show compliance with the criterion. For Preliminary Accreditation (the first cycle), evidence is collected and submitted to CMTCA for a decision as to whether Preliminary Accreditation will be awarded. For subsequent accreditation cycles, most documents are assessed during the site visit in the locations where they are normally kept, thus reducing the need to gather and submit information.

Education programs may show compliance with applicable CMTCA criteria by submitting as evidence documents or information required by regulatory bodies. For instance, a program's quality audit process report may be used to demonstrate compliance with safety or health regulations, or building codes.

## A vital quality improvement tool

The standards and the accreditation process are designed to support and further a massage therapy education program's quality improvement activities. This does not restrict or preclude other quality improvement work the program may undertake. Quality improvement is an ongoing, iterative, and creative process and programs are encouraged to develop their own approaches in addition to what is required for accreditation.

The accreditation process guides education programs toward excellence and gives students confidence in the education they receive and their ability to offer effective, safe, and ethical massage therapy to the public on graduation. It also reflects the commitment to professionalism and high quality that is expected of all respected healthcare educators and practitioners.

## STANDARD 1.0  Curriculum Content

**The education program's curriculum provides students with knowledge, skills, and competencies they need to provide effective, safe, and ethical massage therapy.**

This standard focuses on the need for all components of the curriculum, including content and student learning outcomes, to encompass current and emerging developments in massage therapy education.

**1.1     The practice competencies and performance indicators in the most recent version of the** _Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice_ **are embedded throughout the curriculum and are evident in student learning outcomes.**

_Evidence_

- Completed Worksheet for criterion 1.1 (mapping of competencies)
- Course outlines for each course, including learning outcomes, list of associated course material and reference texts/resources (electronic and physical), assessment methods, and date the course was last revised
- Examples of teaching materials (e.g., lesson plans, presentations, lecture notes, workbooks, case studies, scenarios)

**1.2     The curriculum covers foundational health sciences core content to a breadth and depth sufficient to enable students to perform the practice competencies and performance indicators and enable graduates to provide safe, effective, and ethical massage therapy.**

_Evidence_

- Completed Worksheet for criterion 1.2
- Course outlines for each course, including learning outcomes, list of associated course material and reference texts/resources (electronic and physical), assessment methods, and date the course was last revised
- Examples of teaching materials (e.g., lesson plans, presentations, lecture notes, workbooks, case studies, scenarios)

**1.3     The curriculum covers ethical standards for professional practice, including an awareness of the impact of sexual assault on patients/clients and the responsibilities, approaches to prevention, and requirements to report. Students are made aware of the vulnerabilities of patients/clients when undergoing treatment and of the risk factors that may contribute to the development of an inappropriate relationship.**

*Evidence*

- Course outlines, including learning outcomes, list of associated course material and reference texts/resources (electronic and physical), assessment methods, and date the course was last revised
- Examples of teaching materials (e.g., lesson plans, presentations, lecture notes, workbooks, case studies, scenarios)

**1.4    Students have access to necessary curriculum-related references and resources, including electronic resources, that are needed to support their learning.**

*Evidence*

- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address access to physical and electronic references and resources
- List of database providers (e.g., PubMed, professional magazines) and copies of signed agreements with each

**1.5    Community collaborations and partnerships to increase interprofessional educational exposure and/or employment opportunities for students are developed and documented through formal agreements.**

*Evidence*

- List of community collaborations and partnerships with interprofessional partners and potential employers, including the rationale for selecting them and copies of signed agreements with each
- Student participation records for interprofessional educational opportunities for the previous three years
- Information about graduate employment for the previous three years

**1.6    Students apply their knowledge and practice their massage therapy skills in diverse settings with a variety of populations.**

*Evidence*

- Completed Worksheet for criterion 1.6
- Rationale for outreach opportunity selections
- Student participation records for clinic and outreach opportunities for the previous three years
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address student outreach attendance, participation, and performance evaluation

**1.7    As part of graduation requirements, students are required to have provided a minimum of 330 hours of faculty-supervised massage therapy to the public.**

*Evidence*

- Policy on number of clinic and outreach hours required for graduation

- Description and schedule of clinic and outreach requirements
- Records for the previous three years showing hours of clinic and outreach experience, including breakdown of direct and indirect hours, completed by students and verified by faculty
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address attendance at, participation in, and evaluation of clinic or outreach experiences

**1.8    Ongoing professional development is promoted. Students are encouraged to continue to acquire and update their professional massage therapy skills after graduation and students in regulated provinces understand the commitment to lifelong learning required by regulators to maintain the quality assurance of the profession.**

*Evidence*

- Description of the role of faculty in promoting professional development
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address how ongoing professional development is encouraged and developed across the program

# STANDARD 2.0  Faculty and Learning

**Students are taught by competent and qualified faculty and assessed fairly and objectively.**

This standard focuses on how faculty competence and instruction methods play a vital role in promoting a student-centred learning culture throughout the various educational settings. While terminology used may vary, these settings generally include:

- An academic environment, where students develop knowledge, critical thinking skills, and values which enable them to perform the required Performance Indicators.
- A simulated environment, where students perform the required Performance Indicators under the direction of an experienced professional, in a setting that simulates practice.
- A clinical environment, where students work directly with a patient/client in a setting designed to provide supervised patient/client care.

## Faculty competence

**2.1    Academic faculty have a minimum of two years of experience in the field in which they are teaching and post-secondary credentials related to their teaching assignments, and/or have been massage therapy practitioners in good standing for a minimum of two years.**

*Evidence*

- Description of how credentials, registration, and memberships are verified initially and on an ongoing basis
- For each academic subject area or course, description of how suitability of academic faculty is assessed
- Description of how personnel files for faculty are organized and what they contain
- Three CVs of current academic faculty

**2.2    When they are hired, academic faculty demonstrate an understanding of the massage therapy field and the relationship between the course(s) they will teach and the education program's objectives.**

*Evidence*

- Description of how an academic faculty member's understanding of the massage therapy field is assessed in the hiring process
- Documentation that supports assessment of an academic faculty member's understanding of the massage therapy field

**2.3    Academic faculty demonstrate an understanding of adult learning principles and teaching techniques.**

*Evidence*

- Description of process to assess academic faculty's proficiency in facilitating an adult learning environment
- Samples of assessment tools used by supervisors, peers, and students to evaluate academic faculty's understanding and application of adult learning principles and teaching techniques

**2.4    Simulated and clinical settings are supervised by faculty members who are massage therapy practitioners in good standing with a minimum of two years of clinical practice as massage therapists.**

*Evidence*

- As per criterion 2.1, description of how credentials, registration, and memberships are verified initially and on an ongoing basis
- As per criterion 2.1, description of how suitability of faculty members who supervise simulated and clinical settings is assessed
- Three CVs of current faculty members who supervise simulated and clinical settings

**2.5    Minimum student/faculty ratios for different education settings (i.e., academic, simulated, clinical) are in place and adhered to, and there is a written rationale for the ratios.**

*Evidence*

- Ratios and rationale for student/faculty ratios in each education setting
- Faculty and staff list indicating titles, roles, and course load responsibilities
- Staffing schedules, including clinic and outreach faculty and staff

**2.6    Faculty use a variety of resources, tools, and teaching methods, as appropriate to the course content and the learning needs of their students, and promote active participation by all students.**

*Evidence*

- Completed Worksheet for criterion 2.6
- As per course outlines submitted for criteria 1.1, 1.2, and 1.3
- Description of how experiential education is developed, promoted, and encouraged across the program
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address student attendance and participation

**2.7    Teaching methods and materials promote critical thinking and problem-solving skills.**

*Evidence*

- Completed Worksheet for criterion 2.7

**2.8    Students are given the opportunity to complete course evaluations at the end of each course and results are provided to the faculty.**

*Evidence*

- Description of when and how students complete course evaluations
- Description of how results of student evaluations are shared with faculty
- Identification of positions responsible for administering and tabulating student course evaluations
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address the administration, tabulation, and response to course evaluations

## Clinic operations

**2.9    Operational policies and procedures for in-house clinics are in place, followed, and available to students, faculty, and patients/clients as required.**

*Evidence*

- In-house clinic policies and procedures that pertain to students, faculty, and patients/clients
- Forms that show how the policies and procedures are implemented
- Description of how students, faculty, and patients/clients are made aware of operational policies and procedures
- Description of how operational policies and procedures may be accessed

**2.10   Responsibility for oversight of in-house clinics is assigned.**

*Evidence*

As per evidence required for criteria 2.5 and 5.1.

**2.11   Students have equal access to in-house clinic and outreach programs.**

*Evidence*

- In-house clinic and outreach program schedules
- Description of how in-house clinic and outreach program schedules are developed
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address student attendance and participation in in-house clinic and outreach programs
- Forms used to access in-house clinic and outreach programs and to schedule appointments

**2.12   Faculty are present and available for immediate consultation at all times when students are performing massage in simulated or clinical environments.**

*Evidence*

- As per criterion 4.4

## Assessment

**2.13   Course learning objectives and outcomes, assessment criteria, assessment schedules, and grading scales that include minimum passing grades are provided to students at the beginning of the course.**

*Evidence*

- As per course outlines in criterion 1.1
- Description of how and when course and assessment information is provided to students
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) related to examination, testing, evaluation, and assessment

**2.14   Student knowledge, skills, and competencies are assessed throughout the program.**

*Evidence*

- List of assessment tools used in each course in academic, simulated, and clinical environments (e.g., written exams, tests, quizzes, assignments, feedback forms, scoring rubrics, scenarios, and scripts)
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address academic progression, prerequisites, exemptions, and failures

**2.15   Grades are assigned based on assessments of student knowledge, skills, and competencies. Where appropriate, strengths and areas for improvement are identified.**

*Evidence*

- As per course outlines in criteria 1.1, 1.2, and 1.3

**2.16   Policies and procedures are in place and followed for students to appeal their grades and results of assessments, including timelines to submit the appeal and for the education program to respond.**

*Evidence*

- Policy and procedure related to student appeals of grades and results of assessments
- Forms related to student appeals of grades and results of assessments
- Description of three appeals received in the previous 12 months, to include nature of the appeal, date of receipt, outcome, date of resolution, and related documentation

**2.17   Students have opportunities to participate in summative evaluations or practice exams that follow a similar format to the entry-to-practice exams in regulated provinces, or in comprehensive exams or other assessments that help prepare them for objective structured clinical examinations (OSCE) or other entry-to-practice exams.**

*Evidence*

- In regulated provinces, description of how jurisdictional entry-to-practice requirements are met
- Description of summative evaluations, practice exams, or other assessments available to students, including when they are available
- Sample summative evaluation, practice exam, or other assessment
- Sample summative clinical, applied, and/or practical evaluations or examinations

**2.18    Requirements for graduation are documented and publicly available.**

*Evidence*

- Completed Worksheet for criterion 2.18

## STANDARD 3.0  Student Support

**The education program creates a student-centred learning environment focused on supporting students to help them succeed and assessing them fairly and objectively.**

This standard addresses the importance of supporting students throughout their education and providing clear information about their rights, responsibilities, and expectations.

## Access to support and services

**3.1     Applicable jurisdictional requirements for student equity and inclusion are met.**

*Evidence*

- Description of how jurisdictional requirements related to student equity and inclusion are met
- Description of how special needs are identified and evaluated
- Forms and documentation used to meet jurisdictional requirements for student equity and inclusion
- Description of three instances in the previous 12 months where steps were taken to meet jurisdictional requirements for student equity and inclusion

**3.2     Students with identified special needs are accommodated as per program policies and jurisdictional requirements.**

*Evidence*

- Policy and procedure on accommodation for students with identified special needs
- Description of commonly occurring accommodations that are made for students with identified special needs
- List of course, assessment, and facility modifications that have been made to accommodate students with identified special needs

**3.3     Social, cultural, language, or other support is available to students.**

*Evidence*

- List of on- and off-campus social, cultural, language, or other support available to students
- Description of how supportive resources are identified and selected for use as referrals

**3.4    Registration, academic, and personal counselling are available to students and prospective students.**

*Evidence*

- Completed Worksheet for criterion 3.4

**3.5    Financial aid information and/or services are available to students.**

*Evidence*

- List of staff positions responsible for providing financial aid information
- List of staff positions responsible for providing student services
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other information) related to the provision of financial aid and student services
- Description of financial aid and student services available to students on campus, online, or elsewhere
- Financial aid forms, documents, and resources provided to students

**3.6    Two-way mechanisms are established and used to enable timely and ongoing communication between students and leadership, faculty, and staff.**

*Evidence*

- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) related to dissemination of information from leadership, faculty, and staff and to receiving and responding to student communication
- Description of mechanisms that facilitate two-way communication
- Forms and other resources that enable two-way communication
- Description of three instances in the previous 12 months where communication mechanisms were used to relay and receive information

## Student conduct and behaviour

**3.7    Student rights and responsibilities are defined.**

*Evidence*

- Student handbook or other document where rights and responsibilities are defined
- Description of how student rights and responsibilities are communicated to students
- Form used to show student acknowledgement of being informed of their rights and responsibilities

**3.8    A student code of conduct that defines and outlines potential responses to, at minimum, harassment, bullying, violence, and inappropriate sexual contact is provided to each student on admission.**

*Evidence*

- Student code of conduct

- Policy and procedures applicable to students that address harassment, bullying, violence, and inappropriate sexual contact
- Description of how students are made aware of the code of conduct and/or policy and procedures related to harassment, bullying, violence, and inappropriate sexual contact
- Form used by students to acknowledge their awareness of the code of conduct and/or policy and procedures related to harassment, bullying, violence, and inappropriate sexual contact

**3.9    A policy and procedure to report, investigate, and resolve violations of the student code of conduct is in place and followed.**

*Evidence*

- Policy and procedure on reporting, investigating, and resolving violations of the student code of conduct
- Forms and documents used to report, investigate, and resolve violations
- List of the number and brief description of the nature of violations of the student in the previous three years
- Description of three violations of the student code of conduct in the previous 12 months, including documentation related to the investigation and resolution

**3.10    Ethical or behavioural student issues (e.g. plagiarism, cheating, hiring out work, violence, harassment, safety) are addressed through, as applicable, program policies, student code of conduct, and/or jurisdictional requirements.**

*Evidence*

- As per criteria 3.7, 3.8, and 3.9

**3.11    A student dress code that sets out standards for professionalism is in place and followed. It may recognize variations for different settings and tasks (academic, labs/practical class, in-house clinics/outreach) but is designed to maintain a professional tone throughout the program.**

*Evidence*

- Student dress code
- Description of how students are made aware of the dress code and how it is enforced
- Forms used to ensure that students are aware of dress code
- Description of three instances in the previous 12 months where the dress code was enforced

## STANDARD 4.0  Leadership and Administration

**The education program's leadership ensures the program is developed, managed, and evaluated effectively.**

This standard focuses on the role of leadership in promoting a student-centred learning culture throughout the program, through effective strategic planning, encouraging communication and collaboration, and creating meaningful opportunities for faculty, staff and students to contribute.

## Planning and administration

**4.1     A program mission statement and measurable goals and objectives related to the mission are developed and disseminated to faculty, staff, and students.**

*Evidence*

- Program mission statement and measureable goals and objectives
- Strategy for communicating mission statement that includes responsibilities for reporting on and accountability for progress made toward achieving goals and objectives
- Most recent report on progress made toward achieving goals and objectives

**4.2     A strategic plan that includes considerations of sustainability and continuity is developed and implemented as part of anticipating risk and planning for future needs.**

*Evidence*

- Strategic plan
- Description of the strategic planning, development, implementation, and review process
- Description of how sustainability is addressed, including a risk management strategy and how the plan addresses changes in the profession

**4.3     Applicable jurisdictional requirements for financial management and accountability are met.**

*Evidence*

- Description of how jurisdictional requirements for financial management and accountability are met
- Forms and documentation used to meet jurisdictional requirements for financial management and accountability

**4.4    Policies and procedures to protect patients/clients, students, and faculty and staff and keep them safe from harm are in place and followed, and include specific provisions for the prevention of sexual assault of patients/clients, explanations of sexual assault of patients/clients, professional responsibilities to report, and information about professional practice and codes of ethical conduct.**

*Evidence*

- Policies and procedures related to protection of patients/clients, students, and faculty and staff
- Description of how the policies and procedures are communicated and implemented

**4.5    Policies and procedures that facilitate effective program administration and student learning are in place and followed.**

*Evidence*

- Policies and procedures used to facilitate program administration and student learning
- Description of how the policies and procedures are communicated and implemented

**4.6    Policies and procedures are up-to-date and easily available to users.**

*Evidence*

- Completed Worksheet for criterion 4.5
- Description of process to review and update policies and procedures and notify users of changes

**4.7    Information about the leadership and staffing structure is available in an organizational chart or other similar document.**

*Evidence*

- Organizational chart, diagram, or similar document that show the program's organizational structure

**4.8    Resources are allocated effectively, using a defined process.**

*Evidence*

- Description of process to request resources, including the approval process and rationale for resource allocation

**4.9    The leadership/administration meets according to an established schedule, and meeting minutes are documented.**

*Evidence*

- Schedule of leadership/administrative meetings for the previous 12 months
- Schedule of leadership/administrative meetings for the upcoming 12 months

- Minutes from leadership/administrative meetings, including records of attendance, from the previous 12 months

**4.10   A program board or other oversight body that serves an accountability function has documented terms of reference and meets according to an established schedule. Meeting minutes are documented.**

*Evidence*

- Schedule of program board meetings for the previous 12 months
- Schedule of program board meetings for the upcoming 12 months
- Terms of reference
- Selection criteria for program board members
- Minutes from program board meetings, including records of attendance, from the previous 12 months
- Approaches taken by the program board to manage conflict of interest, non-contribution, and absenteeism

## Advisory input

**4.11   An advisory body (which may be called a program advisory council or committee, quality council, academic advisory council or board, or other such name) has a documented mandate and terms of reference and meets according to an established schedule and meeting minutes are documented. Based on the needs of the program and the expertise of its members, the advisory body provides advice and input on the education program's role, operations, curriculum, in-house clinic/outreach placements, quality improvement initiatives, technology, public relations, or other matters agreed upon by its members.**

*Evidence*

- Schedule of advisory body meetings for the previous 12 months
- Schedule of advisory body meetings for the upcoming 12 months
- Terms of reference
- Minutes from advisory body meetings, including records of attendance, from the previous 12 months
- Description of three initiatives implemented as a result of advisory committee recommendations, including dates of implementation

**4.12   Advisory body membership includes, to the extent possible, education program faculty and/or staff, external massage therapy professionals, program graduates, and community representatives including business or industry leaders and prospective employers.**

*Evidence*

- List of members, their qualifications, and term of appointments
- Selection criteria for advisory body members

- Recruitment strategy
- Approaches taken by the advisory body to manage conflict of interest, non-contribution, and absenteeism

## Registration and admission

**4.13   Up-to-date and accurate written and/or online information about the program, the requirements and expectations, and massage therapy as a profession is publicly available.**

*Evidence*

- Completed Worksheet for criterion 4.13
- Description of the program, requirements, and expectations
- List and description of marketing material, tools, and tactics used to promote the program
- Sample marketing and promotional material

**4.14   A master schedule showing times, titles, and descriptions for all courses is publicly available.**

*Evidence*

- Master schedule, including clinic and outreach opportunities
- Description of scheduling process and procedure for making schedule changes

**4.15   The registration process includes timelines, deadlines, and how to apply to the program.**

*Evidence*

- Description of registration process
- Registration and application forms

**4.16   Admission requirements include selection criteria that address required academic and language proficiencies, or meet jurisdictional requirements, and a criminal records check and a vulnerable sector check drawn within the previous six months.**

*Evidence*

- Admission policy, including policy on refusing admission
- Selection criteria and rationale
- Description of special or exceptional admission processes

**4.17   A policy and procedure is in place and followed to assess, recognize, and transfer prior student learning.**

*Evidence*

- Policy and procedure on prior learning assessment and recognition

- Forms used to implement policy and procedure on prior learning assessment and recognition

## Health and safety

**4.18    A faculty or staff member with current Standard First Aid and CPR Level HCP certification is in the facility when students or patients/clients are present.**

*Evidence*

- List of staff and faculty with current Standard First Aid and CPR Level HCP certification
- Schedule of certified staff assignments

**4.19    Safety incidents that occur on the education program's premises or off premises but that are related to program business are investigated, documented, reported and disclosed as appropriate.**

*Evidence*

- Policy and procedures on safety and incident reporting
- Incident report form
- Description of three safety incidents from the previous 12 months, including documentation related to reporting, investigation, and disclosure

**4.20    A health and safety committee meets as required to manage and oversee health and safety issues, and minutes are documented.**

*Evidence*

- Schedule of health and safety committee meetings for the previous 12 months
- Schedule of health and safety committee meetings for the upcoming 12 months
- Terms of reference
- Minutes from health and safety committee meetings, including records of attendance, from the previous 12 months
- Description of three initiatives implemented as a result of health and safety committee recommendations, including dates of implementation

## Records

**4.21    Policies and procedures related to student, patient/client, and faculty and staff records, including retention, destruction, and handling breaches of privacy, are in place and followed. The policy specifies which parts of the record are to be retained and for how long. Retained student records include, at minimum, contact information, grades, clinical performance data (e.g., number of hours, number of massage treatments), graduation date, and a record of any conduct issues related to suitability to practice the profession.**

*Evidence*

- Policy and procedure on retention and destruction of records, and breaches of privacy

**4.22   Program records, including student, patient/client, and faculty and staff records, whether electronic or physical, are stored securely and confidentially, with appropriate physical, administrative, and technical safeguards including back-up and recovery systems.**

*Evidence*

- Description of how program records are stored securely and confidentially
- Description of back-up and recovery systems
- Copies of signed agreements, if outsourced

**4.23   A policy and procedure to allow students and patients/clients to access their records is in place and followed.**

*Evidence*

- Policy and procedure on student and patient/client access to records
- Forms used by students and patients/clients to request access to their records

## STANDARD 5.0  Human Resources

**The education program follows effective human resources practices to support the delivery of quality education to all students.**

This standard focuses on creating a healthy workplace, where faculty and staff know what is expected of them with regard to their roles and responsibilities, professional development is encouraged and supported, and there is regular feedback and communication to enable them to continue to grow and meet the learning needs of students.

### Hiring and development

**5.1    Roles and responsibilities for faculty and staff are documented in job descriptions, contracts, employment agreements, or other such documents. The tasks and functions of the job, criteria for employment including required credentials, accountabilities, and expectations for professional development are defined.**

*Evidence*

- Job descriptions or other employment documents that show required credentials and experience
- Examples of internal and external job postings
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address faculty and staff professional development
- Sample personnel files from administration, faculty, and clinical supervisors

**5.2    Faculty and staff receive a comprehensive orientation to the program and job expectations when they are hired.**

*Evidence*

- Orientation handbook, manual, or other related documents or material
- Description of faculty and staff orientation and training program

**5.3    Faculty and staff participate in regular and ongoing professional development, including cultural competency training, adult education and instructional skills training, where appropriate and available, and participation is documented.**

*Evidence*

- List of professional development activities required of faculty and staff
- Description of professional development opportunities available to faculty and staff, including rationale for selection of opportunities
- Forms used to document completion of faculty and staff professional development activities

**5.4     Regular evaluations of faculty and staff performance are conducted and documented, with opportunities for faculty and staff input and self-reflection.**

*Evidence*

- Description of performance evaluation processes
- Forms used to conduct faculty and staff performance evaluations

**5.5     Policies and procedures are in place and followed for faculty and staff to appeal the results of evaluations of their performance, including timelines to submit the appeal and for the education program to respond.**

*Evidence*

- Policy and procedures on the faculty and staff appeals process
- Forms related to the faculty and staff appeals process
- Description of three appeals received in the previous 12 months, including nature of the appeal, date of receipt, outcome, date of resolution, and documentation

## Worklife

**5.6     Healthy workplace strategies that support worklife quality and worklife balance for faculty and staff are developed and implemented.**

*Evidence*

- Description of how worklife quality and balance is facilitated for faculty and staff
  List of policies, procedures, activities, or programs that support healthy worklife quality and balance

**5.7     An ethics framework to help faculty and staff resolve ethical dilemmas is in place and used.**

*Evidence*

- Ethics framework
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address the process to use ethics framework, including when this process is used
- Description of three instances where the ethics framework was used in the previous 12 months, and the results

**5.8     Faculty and staff have access to a formal complaint process.**

*Evidence*

- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address the faculty and staff complaint process
- Description of how the complaint process is communicated to faculty and staff
- Forms used to facilitate the process
- Description of three complaints received in the previous 12 months

**5.9    A code of conduct for faculty and staff that defines and outlines potential responses to, at minimum, harassment, bullying, violence, and inappropriate sexual contact is in place and followed.**

*Evidence*

- Faculty and staff code of conduct
- Policy and procedures applicable to faculty and staff that address harassment, bullying, violence, and inappropriate sexual contact
- Description of how faculty and staff are made aware of the code of conduct and/or policy and procedures related to harassment, bullying, violence, and inappropriate sexual contact
- Form used by faculty and staff to acknowledge their awareness of the code of conduct and/or policy and procedures related to harassment, bullying, violence, and inappropriate sexual contact

**5.10    A policy and procedure to report, investigate, and resolve violations of the faculty/staff code of conduct is in place and followed.**

*Evidence*

- Policy and procedure on reporting, investigating, and resolving violations of the faculty/staff code of conduct
- Forms and documents used to report, investigate, and resolve violations
- List of the number and brief description of the nature of violations of the student in the previous three years
- Description of three violations of the faculty/staff code of conduct in the previous 12 months, including documentation related to the investigation and resolution

## STANDARD 6.0  Resources and Infrastructure

**The education program has the resources and infrastructure needed to manage the program. Resources and infrastructure include buildings, grounds, equipment, supplies, and learning resources belonging to or used by the education program.**

This standard focuses on the availability and maintenance of, and access to, resources and infrastructure. It also addresses the need for the education program to meet jurisdictional health, safety, and building regulations and codes as applicable. Jurisdictional requirements may be federal, provincial/territorial, or local.

## The facility

**6.1     Applicable jurisdictional requirements for health and safety in facilities are met. Meeting jurisdictional safety requirements includes addressing, for example, space requirements, physical plant equipment, risk management and emergency preparedness plans, safety drills, and fire equipment.**

*Evidence*

- Description of how jurisdictional requirements for health and safety in facilities are met
- Documents showing compliance with jurisdictional requirements on health and safety in facilities (e.g., reports, inspections, licenses, certifications)

**6.2     Infection prevention and control policies and procedures designed to protect patients/clients, students, and faculty and staff are in place and followed. This includes addressing, for example, hand hygiene; the use of personal protective equipment; care and cleaning of equipment; managing soiled linen or hazardous waste; and personal care, which may include immunizations.**

*Evidence*

- Infection prevention and control policies and procedures
- Signed and dated infection prevention and control logs and checklists
- Staff and faculty infection prevention and control training records

**6.3     The facility is clean, uncluttered, and in good repair.**

*Evidence*

- Cleaning and maintenance schedules and logs
- Signed agreements with contractors, if outsourced
- Student feedback and/or results of student evaluations of the facilities

**6.4    Applicable jurisdictional requirements for accessibility are met.**

*Evidence*

- Description of how jurisdictional requirements for accessibility are met
- List of accessible spaces in the facility

**6.5    Where possible and based on jurisdictional requirements, efforts are made to provide gender-neutral washrooms and change facilities.**

*Evidence*

- Description of approach to gender-neutral accommodations
- List of accommodations made

**6.6    Sufficient space, based on program enrolment and jurisdictional requirements, is designated for administrative and academic work, labs/practical classes and in-house clinics, and any other functions necessary for the program to achieve its mission and support learning outcomes.**

*Evidence*

- Blueprint of the space
- Rationale for use of space
- Maximum occupancy or occupancy permit as per jurisdictional requirements
- Total enrolment numbers

**6.7    At least one designated area is available where faculty, staff, and students can conduct private meetings or consultations.**

*Evidence*

- List and description of area(s) where private consultations are conducted

**6.8    Faculty/staff and students have access to separate rest or break areas.**

*Evidence*

- List of rest or break area(s) for faculty/ staff
- List of rest or break area(s) for students

**6.9    Faculty, staff, and students have access to a library or a physical or online resource/media centre.**

*Evidence*

- Description of where and how faculty, staff, and students access resources
- List of research journal subscriptions
- Inventory of on-site resources available for faculty, staff, and student use
- Description of how resources are sufficient to meet needs
- If applicable, signed agreements with external libraries or resource centres

**6.10    Internet service, with bandwidth appropriate to program enrolment and the faculty and staff complement, is available and faculty, staff, and students are able to access it.**

*Evidence*

- Description of internet service and rationale for bandwidth available to faculty, staff and students
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address access to and use of internet services, and how this is communicated to faculty, staff, and students

## Resources

**6.11    Classrooms are equipped with sufficient technology, based on program enrolment and student learning needs, to enable effective learning and active student participation.**

*Evidence*

- Description of and rationale for technology available to students in classrooms

**6.12    Faculty and staff have sufficient equipment and technology (e.g. desks, photocopiers, printers, scanners, supplies, computers) to do their work.**

*Evidence*

- List of equipment and technology available to faculty
- Rationale for the type of equipment and technology selected

**6.13    Labs/practical classes and in-house clinics have sufficient equipment, resources, and supplies for the number of students and the provision of safe massage therapy. Where these are defined as a ratio or minimum standards, a rationale is available. Equipment, resources, and supplies include massage tables, linens, oils and lotions, thermal (hot and cold) applications, paraffin wax, skeleton models, tools, sinks and/or disinfectant (sinks are preferable whenever possible), and charts.**

*Evidence*

- Rationale for ratio or minimum standards for equipment, resources, and supplies
- Inventory of available equipment, resources, and supplies and how they are used
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address ensuring sufficient equipment, resources, and supplies are available

**6.14    Student privacy during labs/practical classes and patient/client privacy during in-house clinics is assured through screens, curtains, private changing areas, policies on draping during massage, or other methods. There is, at minimum, one private change area for every two students or patients/clients.**

- Description of privacy mechanisms including rationale for student privacy in labs/practical classes and patient/client privacy in clinics
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address privacy practices and communication strategies to inform patients/clients and students about practices

## Cleaning and maintenance

**6.15   The facility and grounds are cleaned and maintained as per jurisdictional requirements. Where premises are leased, cleaning and maintenance schedules are stipulated in the lease agreement and are followed.**

*Evidence*

- Cleaning and maintenance schedules and logs for infrastructure and grounds
- Where cleaning and maintenance services are outsourced, signed agreements outlining obligations and cleaning and maintenance duties and schedules for facilities, infrastructure, and grounds
- Proof of meeting applicable jurisdictional requirements (e.g., municipal licenses)

**6.16   Routine safety checks of equipment, resources, and supplies are scheduled, conducted, and logged by individuals who, by credentials and experience, are qualified to perform this function. Equipment, resources, and supplies include massage tables, linens, oils and lotions, thermal (hot and cold) applications, paraffin wax, skeleton models, tools, sinks and/or disinfectant (sinks are preferable whenever possible), and charts.**

*Evidence*

- Process for regular maintenance and safety checks
- Logs and schedules of routine safety checks of equipment, resources, and supplies
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address qualifications, roles, and responsibilities for individuals conducting safety checks,
- List of equipment, resources, and supplies that require safety checks

**6.17   Equipment, resources, and supplies are safe, in good repair, clean, and functioning.**

*Evidence*

- As per criterion 6.16

**6.18   Damaged or defective equipment, resources, or supplies are promptly removed, replaced, or repaired.**

*Evidence*

- Description of process to identify and remove defective equipment, resources, or supplies
- Forms or other documents used to ensure removal, replacement, or repair

**6.19 Manufacturer instructions for maintenance and repair of equipment are followed.**

*Evidence*

- Manufacturer-recommended maintenance schedules
- Maintenance logs for equipment

# STANDARD 7.0  Quality Improvement

**The education program uses data to make evidence-informed improvements to the program.**

This standard addresses the need for education programs to continually strive to create and promote a culture of continuous quality improvement. Collecting and analyzing data to evaluate and improve the program is part of an ongoing cycle of planning, testing, and implementation. This process is considered a foundation of the accreditation process and a cornerstone of maintaining a high-quality massage therapy education program.

**7.1     Evaluation data and feedback are collected on a regular and ongoing basis.**

*Evidence*

- Completed Worksheet for criteria 7.1-2-5
- Supporting documents (e.g., policies, procedures, handbooks, manuals, or other material) that address processes to collect evaluation data and feedback

**7.2     As part of regular and ongoing program evaluation, feedback is solicited, using a variety of methods, from a range of groups that may include students, graduates, faculty and staff, massage therapists, patients/clients, and community members.**

*Evidence*

- As per criterion 7.1

**7.3     As they are available, exam results are collected annually from provincial regulators in regulated provinces and used as a component of evaluating program effectiveness. In unregulated provinces/territories or where exam results are not available, regular and ongoing processes are in place to evaluate graduate success.**

*Evidence*

- Completed Worksheet for criterion 7.3
- Describe how graduate success is defined and evaluated

**7.4     Student data and feedback from program, course, or faculty evaluations is considered and responded to as appropriate, and used as a component of evaluating program effectiveness.**

*Evidence*

- Description of process to consider student data and feedback and determine appropriate responses, including the decision-making framework if one has been developed
- Description of how student data and feedback are used to evaluate and improve program effectiveness

- Description of three instances of student data and feedback that were responded to in the previous 12 months, and three that were not responded to

## 7.5   Evaluation data is analyzed to identify strengths, trends, and opportunities for improvement, and the results are used to make timely improvements.

*Evidence*

- Completed Worksheet for criterion 7.1-2-5

## 7.6   Multiple communication channels are used to share improvements across the program and build transparency and accountability.

*Evidence*

- Completed Worksheet for criterion 7.6
- Description of three improvements and the channels used to share them in the previous 12 months

*Data sources may include:*

*Curriculum Content:* Program enrolment rates; retention rates; attendance rates; student grades; advisory body feedback; program growth (e.g., number of students, faculty, outreach placements); program/course evaluation results; external feedback; satisfaction survey results.

*Faculty and Learning*: Course evaluations; student success rates on assessments and exams; faculty participation in professional development activities; satisfaction survey results

*Student Support:* Graduation rates; attrition rates; absenteeism; course evaluation results; interviews with graduates; satisfaction survey results

*Leadership, Administration, and Human Resources:* Faculty and staff retention rates; vacancy rates; professional development opportunities provided and used; overtime; absenteeism; safety incidents; student success rates on registration exams; satisfaction survey results

*Resources and Infrastructure:* Review of resource logs, maintenance checklists, and equipment inventories; safety incidents; satisfaction survey results

## Appendix A        Standards Development

1. Following widespread consultation and discussion with experts and stakeholders, in 2013 the _National Accreditation Planning Committee_ developed a comprehensive report that included a collective vision of the goals of accreditation for massage therapy education programs.

2. In 2015, a twelve-member Standards Advisory Committee, consisting of massage therapy regulatory and education professionals from across the country, was convened. Using the vision as their starting point, they refined the concept and identified key topics and issues to be addressed in the standards and the accreditation process.

3. Based on this work and an extensive review of accreditation documents (see appendix C) from massage therapy, nursing and other regulated health professions, and engineering, CMTCA developed draft standards.

4. In March 2016, the draft standards were sent for consultation to massage therapy stakeholders across the country, including regulators, associations, and education programs, and their feedback was incorporated into the standards.

5. Eight pilot test accreditation site visits were conducted from April to June 2016. In preparation, 24 surveyors were trained on the accreditation process and the standards, with 10 of them participating in the pilot tests.

6. Feedback from the pilot tests was used to refine the standards and the accreditation process.

7. The revised standards were shared with stakeholders from September to November 2016 and were revised again based on the feedback received.

8. The CMTCA Board of Directors reviewed and approved the standards and the accreditation process in March 2017.

9. The standards and the accreditation process were released on April 3, 2017.

## Appendix B    Glossary and Usage

**Curriculum**: The courses offered by the education program. Includes course content, lesson plans, topical or course outlines, employability skills maps, or a book of course outlines.

**Faculty:** As defined by the program. Generally includes the education program's teaching staff, who may be called teachers, instructors, professors, or other such terms and may be used interchangeably.

**Massage therapy practitioner in good standing:** In a regulated province, a registered massage therapist or, in an unregulated province, a massage therapist who is a member in good standing with a provincial massage therapy association.

**Met:** The requirement has been in place and operational for at least six months.

**Partially met:** The program is taking steps to meet the requirement, but it is not yet fully implemented. For example, the requirement may have been implemented in some areas, or a draft plan is in development, or a process is being tested.

**Qualified**: An individual who is competent to perform the required task or function, based on credentials and experience.

**Regular and ongoing:** As part of its preparation for accreditation, the education program defines "regular and ongoing" by specifying in writing how often the activity is conducted, based on an informed decision that takes into account the program context and analysis of available evidence. There is evidence the activity occurs in accordance with the schedule specified by the education program.

**Safety incident** (adapted from the Canadian Patient Safety Institute): An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient/client.

- **Harmful incident**: A patient/client safety incident that resulted in harm to the patient/client. Replaces adverse event, sentinel event, and critical incident.
- **No harm incident**: A patient/client safety incident that reached a patient/client, but no discernible harm resulted.
- **Near miss**: A patient/client safety incident that did not reach the patient/client. Replaces close call.

**Staff:** As defined by the program. Generally includes employees who are not faculty, such as leaders, managers, administrative support, or individuals who are part of the teaching team but not faculty, such as a registered massage therapist assisting in the classroom or lab.

**Sufficient:** As part of its preparation for accreditation, the education program defines "sufficient" in writing, based on an informed decision that takes into account the program's context and analysis of available evidence.

**Unmet:** The requirement is not in place.

## Appendix C          References and Resources

*Massage therapy accreditation*

College of Massage Therapists of British Columbia, (2011). *Basis of Accreditation for Educational Programs in Massage Therapy.* Vancouver, B.C.: CMTBC.

College of Massage Therapists of British Columbia, (2010, 2016). *CMTBC Guidelines for Foundational Knowledge in Massage Therapy Educational Programs.* Vancouver, B.C.: CMTBC. *http://www.cmtbc.ca/sites/default/files/2016-04-16-GFK-effective-April-18-2016.pdf*

Commission on Massage Therapy Accreditation. (2015). *Accreditation Standards & Self-Study Report Instructions.* Unpublished document. Washington, D.C.: COMTA. *comta.org/wp- content/uploads/sites/17/2015/02/COMTA-Accreditation-Standards-List_Effective-2015_01- final-edits.pdf*

*Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice.* (2012, 2016). Consortium for Massage Therapy Regulators. *www.fomtrac.ca/wp-content/uploads/2016/10/FOMTRAC-PCs-PIs-September-2016.pdf*

National Accreditation Planning Committee. (2013). *A Plan to Establish a Canadian Accreditation Process for Massage Therapy Education Programs. www.cmto.com/cmto- wordpress/assets/MT-Accreditation-Planning-Committee-Report-Oct2013.pdf*

*Other healthcare and professional accreditation organizations*

Accreditation of Interprofessional Health Education, (n.d.). *Principles and Practices for Integrating Interprofessional Education into the Accreditation Standards for Six Health Professions in Canada.* Ottawa, ON: Health Canada.

*Accreditation Standards for Physiotherapy Education Programs in Canada*, (2012), London, ON: Physiotherapy Education Accreditation Canada *www.peac-aepc.ca/pdfs/Accreditation/Accreditation%20Standards/FINAL%20PEAC%20STANDARDS%202012.pdf*

*CASN Accreditation Program Standards, Version 5,* (2014). Ottawa, ON: Canadian Association of Schools of Nursing. *www.casn.ca/wp-content/uploads/2014/12/2014-FINAL-EN-Accred- standards-March-311.pdf*

CMA Conjoint Accreditation Services. (2014). *Requirements for Accreditation Handbook.* Ottawa, ON: Canadian Medical Association/Association Medicale

Canadienne. *www.cma.ca/Assets/assets-library/document/en/about-us/Requirements-handbook_en.pdf*

Committee on Accreditation of Recreational Therapy, (2015). *Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. Clearwater, FL: Commission on Accreditation of Allied Health Education Programs. *www.caahep.org/*

Engineers Canada Accreditation Board–Bureau d'Agrément d'Ingénieurs Canada. (2015) *Accreditation Criteria and Procedures–Normes et Procédures d'Agrément 2015*. Ottawa, ON *www.engineerscanada.ca/sites/default/files/accreditation_criteria_procedures_2015.pdf*

*Standards for Accreditation of Pharmacy Technician Programs in Canada* (2012, Revised August 2015). Canadian Council for Accreditation of Pharmacy Programs: Toronto, ON *http://ccapp-accredit.ca/wp-content/uploads/2016/01/Technician-Stds-2014.pdf*

*Government regulations*

*Canada Occupational Health and Safety Regulations*. (2015). Ottawa: Minister of Justice. *laws.justice.gc.ca/PDF/SOR-86-304.pdf*

Building codes, regulations, and related standards *entreprisescanada.ca/eng/page/3941*

The Personal Information Protection and Electronic Documents Act (PIPEDA) *www.priv.gc.ca/leg_c/r_o_p_e.asp*

*Leadership*

Canadian Health Leadership Network (CHLNet) *chlnet.ca/tools-resources/leads-framework*

Canadian College of Health Leaders – College Canadien des Leaders en Santé, online resources and publications *www.cchl-ccls.ca/*

*Patient safety*

Beard, P., Greenall, J., Hoffman, C., Nettleton, S., Popescu, I., Ste-Marie, M., Walsh, D., White, J., (2012). *Canadian Incident Analysis Framework*. Edmonton, AB: Canadian Patient Safety Institute – Institut Canadien pour la Securité des patients. *www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF#search=Incident%20analysis%20framework*

*Quality improvement*

Langley, G., Moen, R., Nolan, K., Nolan, T., Provost, L., (2009). *The Improvement Guide*. Cambridge, MA: Institute for Healthcare Improvement.

*www.ihi.org/resources/pages/publications/improvementguidepracticalapproachenhancingorga nizationalperformance.aspx*

*Regulating college resources*

College of Massage Therapists of British Columbia—Online resources for registration examination. *www.cmtbc.ca/become-rmt-bc/resources-applicants/registration-examinations*

College of Massage Therapists of Newfoundland and Labrador. *www.cmtnl.ca*

College of Massage Therapists of Newfoundland and Labrador—Approved continuing education courses. *www.cmtnl.ca/ceu-approved -courses/*

College of Massage Therapists of Ontario. *www.cmto.com*

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College of Massage Therapists of Ontario Examination Candidate Handbook 2015. *www.cmto.com/assets/Candidate Handbook-2015.pdf*

College of Massage Therapists of New Brunswick. *www.cmtnb.ca*

Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) *www.fomtrac.ca*

*Worklife*

*National Standard for Psychological Health and Safety in the Workplace*, Mental Health Commission of Canada. *www.mentalhealthcommission.ca/English/issues/workplace/national- standard*

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