COLLEGE OF ACUPUNCTURISTS OF ALBERTA

Acupuncture Education Program Review Policy

1. Introduction

The College of Acupuncturists of Alberta (College) is responsible for regulating the Acupuncture Profession under the *Health Professions Act* (Act). In accordance with s.3(1)(f), of the Act, the College may approve programs of study and education courses for the purposes of registration requirements. The College establishes a review process to evaluate both new and established acupuncture education programs for approval. Acupuncture education program review supports the College's mandate of public protection, ensuring that individuals who enter the acupuncture profession have the knowledge, skills, and judgment to practice safely, ethically and competently.

2. Purpose

The purpose of this policy is to establish a framework for the review, evaluation, and approval of acupuncture education programs.

3. Definitions

Acupuncture Education Program (AEP): Programs offered as qualifying their graduates to meet the education requirements established by the College.

Council: The Council of the College established under section 5 of the Act.
Program Review Standard: The minimum requirements that **AEPs** must meet to gain approval by the College, as approved by the **Council**.

4. Policy

4.1 The program review process will be managed in accordance with the following guiding principles:

4.1.1 Regulatory-focused: The **Program Review Standard** (Appendix 1) and process align with the College's mandate to protect public interest and ensure program compliance with relevant regulatory requirements.

4.1.2 Transparent: The **Program Review Standard**, policies and decisions are made available to schools, the public, and other stakeholders.

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4.1.3 Objective: The evaluation and decision making are conducted objectively, based on standardized criteria to ensure fairness and consistency.

4.1.4 Continuous improvement: Program compliance is evaluated to identify and support improvements.

4.2 To be approved by the College and maintain approval status, **AEPs** must meet the **Program Review** Standard approved by the **Council**.

4.3 Each criterion in the **Program Review Standard** is assigned a level:

4.3.1 Essential criteria – These are essential for ensuring program safety, ethics and/or the achievement of learning outcomes and graduate competency.

4.3.2 Beneficial criteria – Meeting these criteria demonstrates a commitment to quality, though they are not mandatory.

4.4 **AEPs** are assessed against the **Program Review Standard** and are required to provide evidence of compliance in a form and format acceptable to the College, which may include site visits. In addition, **AEPs** must submit an annual compliance report to confirm ongoing compliance.

4.5 To assess compliance with the **Program Review Standard**, the College may need to review confidential documents, including patient records and student files.

4.6 **AEPs** are evaluated on each criterion in the **Program Review Standard** and assigned one of the following ratings:

4.6.1 Met – The requirement is in place and operational.

4.6.2 Partially Met – The **AEP** is taking steps to meet the requirement, but it is not yet fully implemented in policy, process, or practice.

4.6.3 Unmet – The requirement is not in place, or the current practice is potentially unsafe or unethical.

4.7 All information, documents, and correspondence about program reviews will be kept confidential by the College and will not be disclosed to third parties except as follows:

4.7.1 The College may disclose any information obtained about **AEPs** through program review-related activities to the Government of Alberta.

4.7.2 A list of currently approved programs and program approval information is made public and available on the College's website.

4.7.3 Information may be disclosed as otherwise required or authorized by law.

4.8 The Acupuncture Education Program Review Committee (AEPRC) is responsible for evaluating program review results and making recommendations to the **Council**.

4.9 The Chief Executive Officer/Registrar (CEO/Registrar), on behalf of the **Council**, acts upon recommendations from the AEPRC regarding education program approval. The CEO/Registrar must report to the **Council** at the earliest opportunity on the actions taken on its behalf.

4.10 The **Council** makes the ultimate decision on program approval and has the authority to vary any decision previously made by the CEO/Registrar.

4.11 The **Council**, after considering the report and recommendations from the Committee respecting an **AEP**, may grant the following approval status:

4.11.1 Preliminary Approval – for new **AEPs** that demonstrate a minimum of 70% compliance with the Essential criteria (70% Met).

4.11.2 Full Approval – for established **AEPs** that demonstrate full compliance with the Essential criteria (100% Met).

4.11.3 Approval with Progress Report Submission – for established **AEPs** that demonstrate a minimum of 70% compliance with the Essential criteria, with none being Unmet.

4.11.4 Provisional Approval – for established **AEPs** that demonstrate less than 70% compliance (less than 70% Met) or has failed to comply with the progress report submission.

4.11.5 Withdrawal of Approval – **AEPs** with preliminary approval or provisional approval, or those who have received a warning under section 4.12 and fail to comply with the conditions imposed by the **Council**.

4.11.6 Denial – for new **AEPs** that demonstrate less than 70% compliance with the Essential criteria (less than 70% Met). Initial program approval application is denied.

4.12 In addition to granting an approval status, the **Council** may require an **AEP** to provide progress reports or impose conditions related to their approval status. If these requirements or conditions are not met, the College may issue a warning for withdrawal of approval.

4.13 Approval term of an **AEP** is based on their approval status:

4.13.1 Preliminary Approval – 2 years

4.13.2 Full Approval – 5 years

4.13.3 Approval with Progress Report Submission – 2 years

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4.13.4 Provisional Approval – 1 year

4.14 An **AEP**'s approval status continues until a new status or extension is issued.

4.15 The approval term of an approved program status may be revised and/or a site visit may be conducted if there is evidence to inform the following:

4.15.1 Proposed substantive changes impacting a program's ability to meet the **Program Review Standard**.

4.15.2 Non-compliance in reporting, including **AEPs** that do not satisfy the annual compliance report or progress report.

4.15.3 Non-compliance with the **Program Review Standard**, including failure to comply with imposed conditions, that presents a risk to public safety and the ability of the institution to deliver the education program.

4.15.4 Verified investigation of complaints about program quality or delivery that demonstrate non-compliance with the **Program Review Standard**.

4.15.5 Additional factors that may give the College reason to believe that the program may not be meeting the **Program Review Standard**.

5. Authority

This policy is established under the authority of Corporate Governance Policy G.1.2, which delegates the authority for the Chief Executive Officer to establish policies and procedures for the management and operation of the College for regulatory program policies and Policy G.1.5, which delegates responsibility for the Chief Executive Officer to design, develop, administer and deliver College programs and services in accordance with the established goals and targets set out in the strategic and business plans.

6. Scope

This policy applies to new and established **AEPs** seeking approval or re-approval in Alberta.

7. Related Policies and Procedures

- R.1.3.1 Acupuncture Education Program Review Procedure

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8. Version History

Date	Notes
December 18, 2024	New policy
July 4, 2025	Minor edits to improve clarity

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Appendix 1 – Program Review Standard

The Structure of the Standard

The standard is divided into seven sections which address each aspect of education program operations. They are:

1. Leadership and Governance
2. Education Program Information and Admissions
3. Facilities Management
4. Human Resources
5. Curriculum
6. Clinics
7. Student Assessment

Each standard section has the following structure:

- Intent: Each section of the standard begins with an overarching statement of intent.
- Criteria: Criteria are numbered as 1.1, 1.2, 2.1 etc. within each standard section. Each criterion asks programs to show how they meet a specific, measurable element of achieving the intent for the standard section. Each criterion will be rated individually by site visitors.
- Criteria Level: Each criterion is given a level of Essential or Beneficial.

Essential	These are essential for ensuring program safety, ethics and/or the achievement of learning outcomes and graduate competency.
Beneficial	Meeting these criteria demonstrates a commitment to quality, though they are not mandatory. These criteria represent best practices, or markers of program quality. Meeting Beneficial criteria should be part of a program's quality improvement initiatives.

- Potential Evidence: For most criteria, the standard also provides examples of evidence that an education program could provide to show how it meets the criterion. Potential evidence lists are provided as examples only and are not exhaustive or prescriptive.

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Standard 1: Leadership and Governance

To ensure the development and maintenance of an overarching ethical and accountable infrastructure overseen by engaged leaders who are committed to providing all students with high acupuncture education based on critical thinking and clinical reasoning.

Number	Criterion	Potential Evidence
1.1	The education program has a formally adopted mandate or statement of purpose and associated learning outcomes. These are regularly reviewed and revised as needed to ensure that the program effectively prepares students to practice as healthcare practitioners and maintains a focus on quality practice.	• Education program mandate or statement of purpose and learning outcomes • Schedule for review of mandate or statement of purpose and learning outcomes • Results of recent reviews • Curriculum and master syllabi • Hours of study for academic, clinic, and practical/lab components • Graduation success rate • Pan-Canadian and provincial examination success rate • Graduate practice success rate
1.2	The education program and its clinic(s) have current licences or permits, as required, and meet applicable statutory and regulatory requirements to operate.	• Business registration and licensing documents for the education program and its clinic(s), as proof of good standing • Bylaw inspection document • Safety clearance permit • Description of how the applicable requirements in the *Safety Handbook* are met
1.3	Roles, responsibilities, reporting structures, and accountabilities are defined by the education program.	• Organizational chart or another similar document • Position descriptions for all staff • Description of management structure

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Standard 2: Education Program Information and Admissions

To ensure education program information is accurate, and admissions policies and procedures are fair, objective, transparent, and applied equitably to all prospective students.

Number	Criterion	Potential Evidence
2.1	Online and hard copy advertising and marketing materials accurately represent the education program and the profession and meet applicable statutory and regulatory requirements.	• Link to website or other sources of information about the education program and the faculty • Education program brochure • Examples of previous and current advertising and marketing materials on different platforms
2.2	Admission policies, procedures, and practices are consistent with students achieving the statement of purpose and are regularly reviewed to determine their effectiveness and revised, as necessary.	• Policy, procedures, and rationale on admission, including English language proficiency requirements • Policy on criminal record checks
2.3	Students are informed about the College's registration requirements.	• Student contract • Policy and procedures on admission
2.4	Admission requirements are applied consistently for all students.	• List of admission requirements • Examples of applicants who were not accepted and the reasons for the rejections

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Standard 3: Facilities Management

To ensure education program facilities, equipment, and supplies align with learning outcomes and meet current professional standards for safety and patient care.

Number	Criterion	Potential Evidence

3.1	Facilities are sufficient to meet the education program's purpose and learning outcomes.	• Blueprint/floor plan of facility identifying areas listed below, with photos of each:
		  ○ Classrooms, showing well-defined boundaries and privacy
		  ○ Clinics and labs
		  ○ Faculty and staff lounge/eating area and student lounge/eating area that are independent from clinic and practical/lab areas and do not disturb classroom activities
		  ○ Accessible washrooms, as per jurisdictional requirements
		  ○ Storage space for faculty and staff belongings

3.2	Clinic and practical/lab equipment meet applicable operational safety statutory and regulatory requirements.	• Emergency evacuation plan • Maintenance and cleaning logs • Processes to maintain fire extinguishers, sprinklers, and other similar safety equipment • Inspection reports or other documentation showing building codes are met
3.3	Program facilities, including classrooms, clinics, and labs, and program equipment meet applicable statutory and regulatory infection prevention and control requirements.	• Infection prevention and control policy manual that includes proper handwashing techniques • Position descriptions that show responsibility for infection prevention and control • List of staff who have completed infection prevention and control training • A list of program equipment, including acupuncture equipment (e.g., needles), with descriptions of how infection prevention and control requirements are met for each item • Protocols and procedures for the safe use of all tools and equipment in clinics and practical/lab areas
3.4	Clinics and practical/lab areas are stocked with appropriate and sufficient materials and disposal containers, consistent with learning outcomes and applicable statutory and regulatory safety requirements.	• Clinic resource management manual • Position description for clinic co-ordinator, if one exists • Inventory logs • Schedules for laundry and sharps return

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Number	Criterion	Potential Evidence
3.5	Clinic and practical/lab materials are disposed of safely and in accordance with applicable statutory and regulatory requirements.	• Clinic resource management manual • Position description for clinic co-ordinator, if one exists
3.6	Students are provided with information about physical and mental health services that are available on campus or through external service providers.	• Health services information and resources are made available to students, including a list of the nearest hospital and health care centres • Procedure to direct students to external health services • If there is an on-campus clinic, list of health services offered • Examples of referrals to health services

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Standard 4: Human Resources

To ensure faculty are qualified, experienced, and have the support they need to teach students effectively and help them meet learning outcomes.

Number	Criterion	Potential Evidence
4.1	Faculty have relevant educational credentials and/or relevant professional experience and education and demonstrated competence in the areas they are assigned to teach.	• Faculty contracts • Faculty CVs • Faculty licenses and/or diplomas • Course evaluations • Criminal record checks for faculty • Job descriptions
4.2	Clinic supervisors and practical/lab faculty who performs and/or supervises restricted activities are registered members who are in good standing with the respective college and hold an active practice permit.	• Clinic supervisor and practical/lab faculty CVs • Clinic supervisor and practical/lab faculty licences and certifications • Job descriptions
4.3	Clinic supervisors and practical/lab faculty consist of registered acupuncturists with diverse backgrounds and a minimum of 5 years of experience.	• Clinic supervisor and practical/lab faculty CVs • Clinic supervisor and practical/lab faculty licences and certifications • Job descriptions

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Standard 5: Curriculum

To ensure students have academic and practical learning opportunities so they can acquire the knowledge, skills, judgment, and abilities they need to provide safe, ethical, and patient-centred care.

Number	Criterion	Potential Evidence
5.1	The curriculum is based on the most recent version of the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) Entry-level Occupational Competency Profile.	• Map of the education program curriculum to CARB-TCMPA competencies, performance indicators, and domains of learning • Education program overview and curriculum • Course syllabi
5.2	The curriculum is organized and taught in a logical sequence. This sequence should build on foundational concepts, progressively introducing more complex and advanced topics in a manner that enhances student learning and competency.	• Program curriculum • Course syllabi • Class schedule
5.3	All course instructions and materials are conducted and provided in English.	• Course syllabi • Required reference materials for each course
5.4	Theory courses that do not have a clinical or practical/lab component may be offered online, in accordance with applicable statutory and regulatory guidelines; clinical and practical/lab courses are offered in-person.	• Course syllabi • Course delivery format
5.5	Asynchronous courses, if offered, encourage interaction and participation among students and between students and the faculty teaching the course.	• Course syllabi • Learning management software with the necessary functionality • Examples of participation channels, such as virtual meetings, discussion boards, and working groups
5.6	Comprehensive course syllabi are available for each course.	• Course syllabi
5.7	The program includes a minimum of 1,900 study hours that meets the criteria set out below: • At least 500 of those hours are dedicated to clinical instruction. • During the 500 clinical hours, students see a minimum of 200 patient visits. • Out of the 200 patient visits, at least 50 are new patients. • Up to 30 of the 50 new patients may be represented as case studies.	• Total hours for each program • Total hours for each course, including class time and practice time • Student and clinic patient logs • Records of case studies

Number	Criterion	Potential Evidence
	• Each case study may count as 1.5 new patients towards the requirement. (e.g., 20 new patient visits plus 20 case studies fulfill the 50 new patient visits requirement). • No more than 70% of the treated patients are treated for musculoskeletal injuries or conditions. This structure ensures comprehensive instruction in entry-level competencies.	
5.8	Practical/lab classes do not exceed a ratio of 16:1.	• Logs showing records of students and supervisors • Class lists • List of teaching assistants if they are used to maintain ratios • Rationale for the ratio used
5.9	Student attendance for clinical and practical/lab courses is tracked.	• Policy on attendance • Attendance records for clinical and practical/lab courses
5.10	The program, the curriculum, and the courses are regularly evaluated to address public safety, and the results are used to make improvements as required.	• Documentation of safety issues and incidents arising out of the program, curriculum, and course evaluations, and action plans showing response to identified issues

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Standard 6: Clinics

To ensure clinics are well-managed and provide students with the adequate practice opportunities, quality facilities, and effective supervision to help them develop the practical skills needed to treat a variety of conditions and symptoms in a safe, effective, and ethical way and prepares them for future success.

Number	Criterion	Potential Evidence
6.1	At least one local clinic is affiliated with the education program, either owned and operated or approved for use through a memorandum of understanding.	• Location of clinic(s) affiliated with the program, and the nature of the affiliations • Floor plan showing in-house clinic, if one exists
6.2	Clinic(s) are monitored by the program to ensure the clinic(s) meet the program's requirements for student learning and there is appropriate licensure and insurance coverage.	• Memorandum of Understanding or similar document showing agreements with external clinics
6.3	A minimum of 50 percent of supervised student clinic hours take place at the clinic that is owned and operated by the education program.	
6.4	The clinic supervisory ratio does not exceed 7:1 for supervised practice.	• Clinic logs showing records of students, supervisors, and clinic patients • Class lists • Rationale for the ratio used
6.5	Clinic instruction includes practice, observation, diagnosis, and evaluation.	
6.6	Clinic supervisors are informed about and familiar with student progress in their programs (e.g., courses completed) and students' stages of learning.	
6.7	Safety requirements in clinics meet applicable statutory and regulatory requirements.	• Clinic safety manual provided to students • Examples of signs (handwashing, cleaning) posted in the clinic or practical/lab areas
6.8	Clinic records, including financial, patient logs, and equipment maintenance, meet applicable statutory and regulatory requirements.	• Policy on clinic records • Templates of clinic records
6.9	Records for clinic patients who are treated by students meet applicable statutory and regulatory requirements.	• Templates of patient records, including treatment records and incident reports
6.10	Clinic faculty, students, and patients are protected in policy and practice from discrimination and physical and verbal harassment including sexual harassment; bullying; violence; and other inappropriate behaviour.	• Policy on discrimination and harassment, bullying, violence, and other inappropriate behaviour • Policy on cultural sensitivity and anti-racism • Procedure to file a complaint • Examples of incidents and how they were handled

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Standard 7: Student Assessment

To ensure student assessment methods are fair and transparent, support ongoing improvement in student learning, and are applied equitably.

Number	Criterion	Potential Evidence
7.1	Students' academic and clinical skills are assessed and documented regularly by faculty and clinic supervisors based on CARB-TCMPA entry-level occupational competencies.	• Program assessment strategy or checklist • Course syllabi • Examples of assessment tools, rubrics, and clinical and practical/lab evaluations
7.2	Clinic and practical/lab courses include a practical evaluation based on CARB-TCMPA entry-level occupational competencies.	• Examples of practical evaluations for clinical and practical/lab courses
7.3	The program has a systematic plan for ongoing assessment of student achievement of the CARB-TCMPA entry-level occupational competencies (and any additional competencies added by the program) based on the principles of competency-based education.	• Program assessment strategy or checklist • Course syllabi • Examples of assessment tools, rubrics, and clinical and practical/lab evaluations