REQUEST FOR PROPOSAL
PROVISION OF ALLIED HEALTH EDUCATION PROGRAMS ACCREDITATION SERVICES
ALLIED HEALTH PROGRAM ACCREDITATION WORKING GROUP

Expression of Interest   August 12, 2016
Proposal Submission      September 8, 2016

The Allied Health Program Accreditation Working Group (the ‘Working Group’) is a not for profit working group representing the Canadian Association of Medical Radiation Technologists, Canadian Association of Physician Assistants, Canadian Society of Cardiology Technologists, Canadian Society of Clinical Perfusion, Canadian Society of Ophthalmic Medical Personnel, Paramedic Association of Canada, Sonography Canada, The Canadian Orthoptic Society, the Alliance of medical Radiation Technologists of Canada, and the Canadian Association of Allied Health Programs. The Working Group organizations encompass 11 allied health disciplines and, as of July 18, 2016, collectively had 132 active related accredited education programs.

PURPOSE AND OBJECTIVE

The purpose of the Working Group RFP is to engage a third party organization to establish and implement a process for accreditation of Canadian allied health education programs. The successful organization will be responsible for working with the Working Group to update the standards for accreditation of the respective discipline programs, as well as ensuring that the programs are delivering a curriculum which is consistent with established prescribed standards. These standards must be based on consensus from the Working Group and each individual profession’s national competency profile as the basis for evaluation.

The objective of this RFP is to select a third party organization to design and implement an accreditation regime to replace the current Canadian Medical Association (CMA) Conjoint Accreditation Services that expires on February 1, 2018.

BACKGROUND

Accreditation ensures that education programs are delivering quality education and producing graduates that meet pre-defined national standards of entry-to-practice competence. The national accreditation process is essential to the certification and licensing of allied health professionals in Canada. The national certifying organizations rely on the accreditation status to provide graduates of accredited programs access to their certifying examinations. The provincial regulatory bodies rely on the accreditation process as a standard to approve the educational programs therefore enabling graduates to be issued a license to
practice in the profession. Accreditation serves to protect the interest of the public by defining standards for educational programs and ensuring compliance with those standards within Canada.

The goal of accreditation is to ensure an educational program complies with established standards set by the respective professions. Accreditation is a valid assessment of academic quality and clinical integration of students in preparation for competent, safe and effective entry level practice in the regulated profession. As an external review process, accreditation provides the benchmark for continuous quality improvement and excellence in education.

For many decades the CMA Conjoint Accreditation Services has provided accreditation services for a number of health sciences professions in Canada. The CMA oversees the accreditation process of allied health programs under the guidance of Conjoint Accreditation Services which provides the administrative services, and two committees responsible for governance and operation, the Committee on Conjoint Accreditation (CCA) and the Committee on Program Accreditation (COPA). The Assembly of Health Science Professions with representation from the nine professions and their regulators served as an advisory group to CCA.

On January 22, 2016, the CMA announced that it will divest itself of responsibility for assessing and accrediting health education programs by February 1, 2018. CMA Accreditation will continue to operate during this time period; scheduled accreditation activity will continue, however new applications will not be accepted. In order to maintain a standard of quality for the entry-to-practice health science professions in Canada, a replacement to the CMA accreditation services is required.

The Working Group member organizations intend to work with the selected preferred respondent to ensure that the accreditation body establishes standards which are consistent with the respective national competency profiles for each identified health science profession and that the programs are meeting the predefined educational requirements for entry-to-practice in Canada.

The Working Group has also engaged the, CMA Conjoint Accreditation Services to assist in the development of this initiative.

**SCOPE OF WORK**

The scope of work encompasses the following:

1. Propose a governance framework for an accreditation program to replace the current CMA Accreditation Services.

2. Propose a strategy to engage Working Group members in establishing respective accreditation standards and procedures, building upon applicable current CMA accreditation standards and procedures. It is the desire of the Working Group that existing CMA standards are modified and adapted to a future accreditation process that is flexible to each health profession without being unrealistically rigorous or labour intensive.
3. Propose an accreditation program that responds to
   a) any backlog of accreditation renewal and new program accreditation requests;
   b) anticipated scheduled accreditation renewal requests; and
   c) new program accreditation requests.

4. Propose a financial package for accreditation services:
   a) initial start-up and year one costs inclusive
   b) annual operating costs for years two through five
   c) annual operating costs for subsequent years (after year five)

DELIVERABLES

1. A plan and implementation regime to be used to create standards, processes, a fee schedule, and a governance structure which are in line with or similar to the existing CMA process. This plan must be in agreement with the organizational structure(s) of the participating allied health program(s), and in alignment with the Association of Accrediting Agencies of Canada (AAAC) Guidelines for Good Practice.

2. A strategy, transition and implementation plan to communicate and collaborate with the CMA, the allied health program(s) involved, and any key stakeholders as the above sentinel documentation is developed and approved.

3. A strategy and implementation plan to establish and maintain a pool of surveyors who are oriented and trained to review education programs.

4. A strategy and implementation plan for proposed activities and timelines expected in order to ensure that transition from CMA Conjoint Accreditation Services is complete, ideally prior to the deadline established by CMA, while ensuring management of the accreditation expiry dates of those education programs requiring accreditation review during the transitional phase.

5. A strategy and implementation plan that will address the accreditation backlog pending the introduction of a new accreditation service.

6. A human resource strategy which identifies any requirements of or dependencies on the Working Group, and/or CMA Conjoint Accreditation Services.

7. A fully costed business plan to guide the implementation and operation of the accreditation program including risk management strategies related to mitigating financial and accreditation program risk. The Working Group requires at the minimum a five year contract. A longer contract length can be proposed.
PROPOSAL EVALUATION

Given the nature of the scope of work and deliverables, each proposal will be evaluated on its own merits. As part of all evaluations, the considerations outlined in Annex A and B will be utilized.

BASIS OF AWARDING

In evaluating proposals, the right is reserved, as the interest of the Working Group may require, to waive any defects or all informalities in any proposal, to reject any or all proposals, to take any or all proposals under advisement or to accept any proposal as may be deemed to be in Working Group’s interest in meeting the standards of quality, price and value (“best” proposal).

Based on an evaluation of all responses, applying all criteria and oral interviews (if performed), organizations deemed to have successfully demonstrated that they meet the requirements should be contacted in writing by September 23, 2016 and invited to provide a presentation to the Working Group either in person or via video conference.

An award decision is expected to be made by the Working Group by October 20, 2016 and organizations should be notified within two weeks thereafter. Once a preferred respondent is selected, the Working Group intends to make arrangements to finalize and sign a 5-year contract.

REQUIRED INFORMATION

In addressing the RFP requirements, each proposal must include the following:

- The organization and the estimated number of personnel to be employed in the delivery of the services, including a listing of proposed staff that will be directly responsible for the provision of the accreditation service.

- Evidence of experience and expertise in clinical education accreditation.

- Firm in-service date(s) when the accreditation standards will be established and enforced.

- Timelines for delivery of accreditation services as well as development and implementation stages.

- A fully costed multi-year accreditation program service, including estimated cost of accreditation to the programs and other stakeholders, initial set-up costs, and costs to address any backlog of accreditation renewal or new applications.

- The name and contact information of other organizations and/or individuals for whom accreditation services have been provided.
INSTRUCTIONS

1. Proposals must address the requirements listed in the Scope of Work and Deliverables section, demonstrating their capability to undertake accreditation of Canadian allied health education programs.

2. Proposals may address additional services and/or considerations not specifically referenced in this RFP that may be of potential benefit to the Working Group.

3. All questions can be directed to François Couillard at: fcouillard@camrt.ca Questions will be answered via email.

4. Electronic expressions of interest are invited to be submitted by 17:00 (EST) on August 12, 2016, via email to: fcouillard@camrt.ca Organizations that submit expressions of interest will be provided RFP information updates, if any.

5. The deadline for submission of proposals is 17:00 (EST) on, September 8, 2016. Only electronic submissions will be accepted, via email to: fcouillard@camrt.ca with the subject heading: RFP Response Accreditation Services. Organizations are solely responsible for the timely conveyance of their proposal; each proposal received will be responded to acknowledging the receipt of the proposal.

6. The Working Group reserves the right not to select any vendor, to stop the process at any time, and may restart the process at any time, at its discretion.

7. Information shared with a vendor for the purpose of this proposal is confidential. The vendor agrees that they shall not release, share or disclose any information pertaining to the Working Group and/or representative organizations corporate affairs.
ANNEX A: SELECT EVALUATION CONSIDERATIONS

GOVERNANCE AND ADMINISTRATION

• Incorporates an appropriate governance model for accreditation of eight allied health science professions involving members of the Working Group as appropriate
• Promotes an efficient and cost-effective process for programs and for sponsoring organizations

APPROACH

• Demonstrates recognition and understanding of each program’s current CMA accreditation status and entry-to-practice standards.
• Incorporates national competency profiles for the individual allied health science professions as the standards for accreditation of their education programs in Canada.
• Is amenable to working with other stakeholders for the purpose of accreditation if advantageous.
• Provides a national approach to accreditation, while accommodating individual allied health science profession requirements.
• Promotes continuous program quality improvement for education programs to facilitate growth and evolution.

DEVELOPMENT AND IMPLEMENTATION

• Establishes a process for reviewing and revising, as necessary, current CMA accreditation standards in consultation with the Consortium.
• Establishes a generalist (entry to practice) approach to accreditation.
• Creates a transition plan for programs to continue to maintain accreditation compliance, as revised accreditation standards are adopted.
• Implements a reasonable timeline for the accreditation cycle.
• Demonstrates capability of delivering an established accreditation process for programs to begin implementation January 31, 2018
• Demonstrates the capability to offer accreditation services in both official languages
• Demonstrates an efficient system to protect the privacy and confidentiality of the programs, institutions and student information
• Establishes reasonable process, requirements and timelines for provisional accreditation of new programs or programs in development

EXPERIENCE

• Experience in accreditation of clinical/health profession education programs
ANNEX B: RUBRIC for the EVALUATION of RFP SUBMISSIONS

**Infrastructure and Capacity (Total 40 points)**

<table>
<thead>
<tr>
<th>/5</th>
<th>The provider’s infrastructure, governance and a description of the integration of a new accrediting program</th>
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<tbody>
<tr>
<td>/5</td>
<td>Staffing required.</td>
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<tr>
<td>/5</td>
<td>The provider’s capacity in providing an accreditation service for the required number of educational programs</td>
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<tr>
<td>/5</td>
<td>The provider’s capacity in both official languages</td>
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<tr>
<td>/10</td>
<td>A sound five-year business plan which includes a fee structure for revenue generation (program fees).</td>
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<tr>
<td>/10</td>
<td>A plan describing the proposed level of collaboration with the multiple players involved in the accreditation processes of multiple professions.</td>
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**Development and Implementation (Total 35 points)**

<table>
<thead>
<tr>
<th>/10</th>
<th>The process describing the creation a governance structure for the accreditation program that is based on sound principles, ensures broad representation (and identification of necessary key stakeholders) and demonstrates autonomy from the education program(s) under review.</th>
</tr>
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<tbody>
<tr>
<td>/5</td>
<td>The process describing the review/creation/revision of accreditation standards (either through adoption/revision of current CMA standards, or development of new standards).</td>
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<tr>
<td>/5</td>
<td>The process describing the review/creation/revision of the policies and processes to be used for the accreditation process (either through adoption/revision of the current CMA process, or development of new policies and processes), which is in alignment with the AAAC Guidelines for Good Practices, and the values and operational principles developed by the ‘accreditation governance committee’ or equivalent.</td>
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<tr>
<td>/10</td>
<td>Clear communication plan for informing education programs and key stakeholders of the transition plan and its progress.</td>
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<tr>
<td>/5</td>
<td>Activities and timelines over five years that and will ensure full transition of accreditation services.</td>
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**Experience (Total 15 points)**

| /10 | The provider has a clear understanding of educational program accreditation: its purpose, its importance to key stakeholders (including regulators), and its high stakes nature, especially for those professions whose practitioners must come from an accredited program in order to be able to practice. |
| /5  | References who confirm that the provider has the knowledge, skill, and capacity to provide the required service. |

**Risk Management (Total 10 points)**

| /5  | Robustness of financial plan and commitment is robust and there is evidence of commitment over the long term. |
| /5  | The financial stability of the provider is evident and a contingency/succession plan exists should services need to be suspended in short order. |