Policy Title: Accreditation and Degree Renewal Readiness

Category:	☐Institutional - Board ☐Academic - Administrative ☒Institutional - Administrative ☐Employment - Administrative		
Approved by:	☐Board ☒President		
Policy Sponsor	Vice President, Administration and Finance		
Date Approved:	August 27, 2026	Effective date:	August 27, 2026
Date Last Reviewed:	New Policy	Date of Mandatory Review (expiry date):	August 2031

1. POLICY

This policy supports CMCC's institutional quality assurance system by establishing accreditation and PEQAB degree renewal readiness as ongoing, shared responsibilities informed by evidence, monitoring, reporting, and follow-up. Readiness includes the coordinated collection, review, and maintenance of evidence; regular monitoring of accreditation, regulatory, and degree consent requirements; timely completion of follow-up actions; and communication of readiness activities and results through appropriate institutional reporting channels. Through the systematic use of evidence, readiness activities help assess performance, identify opportunities for enhancement, and inform decision-making.

This policy establishes expectations for readiness activities that occur between formal review cycles, including self-study development, evidence management, gap identification, reporting, risk escalation, and follow-up.

2. PURPOSE

To promote a coordinated, sustainable approach to accreditation, PEQAB degree renewal, and related external review activities, and to ensure that responsibilities for readiness, documentation, reporting, and follow-up are shared across the institution.

3. SCOPE

This policy applies to all departments, committees, employees, and leaders involved in accreditation readiness, PEQAB degree renewal readiness, regulatory or other external review activities, self-study development, evidence management, reporting, and follow-up activities.

4. INFORMATION AND COMPLIANCE PLANS (not a comprehensive list)

- Council on Chiropractic Education Canada (CCEC) Program Standards for the Doctor of Chiropractic Degree Program – Canada
- Council on Chiropractic Education (CCE) Accreditation Standards
- Postsecondary Education Quality Assessment Board (PEQAB) requirements and expectations related to degree renewal, program quality, and degree consent.

5. RELATED POLICIES (not a comprehensive list)

- Program Review
- Quality Assurance
- Records Management and Retention

6. DEFINITIONS

Accreditation readiness is the ongoing ability of the institution to demonstrate compliance with applicable accreditation standards through maintained evidence, documented processes, regular monitoring, and timely follow-up on areas requiring attention.

Continuous improvement refers to a structured approach to identifying strengths, gaps, risks, and opportunities for enhancement, and ensuring that improvement actions are assigned, implemented, monitored, and documented.

Degree-renewal readiness is the ongoing ability of the institution to support PEQAB degree renewal requirements through maintained evidence, self-study preparation, external review coordination, and documented follow-up on recommendations or conditions.

Evidence management is the organized collection, maintenance, review, storage, and retrieval of documentation used to demonstrate compliance with accreditation, regulatory, program review, degree renewal, and quality assurance expectations

External review is the review conducted by an external accrediting body, regulatory body, government body, or other authorized reviewer to assess CMCC's compliance with applicable standards, requirements, expectations, or conditions.

Gap analysis refers to the comparison between current institutional evidence or practice and external accreditation, regulatory, degree renewal, or internal policy requirements to identify missing, incomplete, or insufficient documentation, processes, or outcomes.

Institutional effectiveness is the ongoing assessment of how well CMCC fulfills its mission, achieves its priorities, supports student learning and success, and uses evidence to inform planning and improvement.

Self-study is the structured report or submission prepared by CMCC to assess and demonstrate how the institution or program meets applicable accreditation, PEQAB

degree renewal, regulatory, or other external review requirements. A self-study also identifies strengths, gaps, risks, and opportunities for improvement.

7. PROCEDURES

1. Accreditation and PEQAB Degree Renewal Readiness as Ongoing Responsibilities

   Accreditation and PEQAB degree renewal readiness are ongoing shared responsibilities across CMCC. Departments, committees, and leaders will maintain evidence and records relevant to accreditation standards, PEQAB degree renewal expectations, institutional quality assurance requirements, and related improvement activities throughout each review cycle.

2. Responsibility for Readiness Activities

   The President provides institutional oversight and reports significant external review risks to the Board of Governors as required. The Vice President, Administration and Finance is responsible for oversight of accreditation and PEQAB degree renewal activities, including major accreditation and PEQAB degree renewal submissions and/or responses. Executive leaders ensure their divisions participate in readiness activities, address identified gaps, and support timely completion of required actions. The Manager, Accreditation and Institutional Effectiveness coordinates accreditation and PEQAB degree renewal timelines, evidence collection, gap analysis, readiness reporting, and communication under the direction of the Vice President, Administration and Finance. The Institutional Effectiveness Committee reviews evidence, contributes to self-study development, supports readiness monitoring, identifies areas for improvement, and contributes to institutional quality assurance.

3. Evidence Collection and Management

   Departments, committees, and responsible leaders will maintain accurate records, reports, meeting minutes, assessment results, action plans, and supporting documentation. Evidence should be organized in a manner that supports timely retrieval for program review, accreditation self-study, PEQAB degree renewal submissions, related external review, regulatory reporting, and institutional improvement activities.

4. Gap Analysis and Follow-up

   As part of ongoing readiness activities, CMCC will compare current evidence, documentation, processes, and outcomes with applicable accreditation standards, PEQAB degree renewal expectations, regulatory requirements, and institutional quality assurance expectations. When readiness monitoring, program review, institutional reporting, or external review activities identify gaps, risks, or deficiencies, the responsible leader or committee will document the issue, identify required actions, assign responsibility, and set timelines for follow-up. Matters requiring further attention will be escalated to the Manager, Accreditation and Institutional Effectiveness and/or the appropriate executive leader.

5. Self-Study, Site Visit and External Review Coordination

   Where an accreditation review, PEQAB degree renewal review, regulatory review, or other external review requires a self-study, submission, site visit, or review team process, CMCC will begin the self-study process approximately 18 to 24 months in advance of the self-study due date. Under the oversight of the Vice President, Administration and Finance, the Manager, Accreditation and Institutional Effectiveness initiates the launch of the process and leads and supports the Institutional Effectiveness Committee, departments, committees, and other contributors throughout the self-study period. The process will include defined timelines, evidence requests, drafting and review activities, validation of evidence, opportunities for input, and follow-up on findings or recommendations.

6. Monitoring and Reporting

   The Institutional Effectiveness Committee will review accreditation and PEQAB degree renewal readiness activities, identified gaps, significant risks, and progress on related action plans at least annually through CMCC's institutional effectiveness and quality assurance processes. Results from readiness activities may inform institutional planning, risk management, quality assurance, and continuous improvement activities. Matters that may affect CMCC's ability to demonstrate compliance with accreditation, PEQAB degree renewal, regulatory, or other external review requirements will be escalated through the appropriate executive reporting channel

8. HISTORY

New Policy Approved (date):	August 27, 2026
Policy Revision History (dates):	

9. ATTACHMENTS

None.