

AACHHR
GUIDELINES FOR THE PREPARATION OF PROPOSALS TO MODIFY EXISTING HEALTH PROGRAMS

1.0 PROGRAM IDENTIFICATION

- 1.1 Submitting institution(s)
- 1.2 Faculty
- 1.3 School
- 1.4 Department
- 1.5 Program name
- 1.6 Program type (eg. Bachelor’s degree, post baccalaureate certificate)
- 1.7 Credential(s) granted
- 1.8 Proposed starting date for modified program.

2.0 PROGRAM DESCRIPTION

- 2.1 Description of the type of change (eg. course change, addition of work placement, change to online delivery).
- 2.2 Description of the purpose of the change (eg. following the evolution of the discipline, accommodating the clientele to be served, establishing a better focus, resulting from an external review (provide details). If the proposed modification includes a name change, provide a rationale for the choice of new name/credential, including comment on the process of selecting the name and credential(s).
- 2.3 Anticipated date of completion of last student enrolled in existing program.
- 2.4 Description of the target clientele of the program.
- 2.5 Evidence of student demand.
- 2.6 Using the table provided below as a guide, provide a side-by-side comparison of the program as it was last submitted and the proposed modifications:

Program as Last Submitted to the MPHEC	Proposed Program Modification
Program Name	
Program name: _____ Credential(s) granted: _____	Program name: _____ Credential(s) granted: _____
Program Duration	
<i>Expected program duration (in years):</i> Full-time: _____ Part-time: _____ <i>Total number of credits:</i> _____	<i>Expected program duration (in years):</i> Full-time: _____ Part-time: _____ <i>Total number of credits:</i> _____

Admission Requirements and Standards	
(If more than one path to admission, address each)	
Method of Program Delivery	
SPECIFY	

3.0 PROGRAM NEED

- 3.1 Comparison of the proposed program modification with other similar programs offered elsewhere in the Atlantic Region. If offered elsewhere, provide rationale for replicating the program.
- 3.2 Provide information on the current and anticipated job market to which the modified program is directed. Please give evidence of consultation with employers and/or professional organizations as to the current and anticipated job market.
- 3.3 Provide evidence of consultation with the Ministry of Health in your jurisdiction that the program modification reflects system priorities/requirements.

4.0 PROGRAM DELIVERY

- 4.1 Identification of the program curriculum components that initiate students to engage in interprofessional collaboration.
- 4.2 Identification of program curriculum components that address the concepts of cultural competence, health equity and diversity management.
- 4.3 Identification of the opportunities for cross-training of other health provider students and for enhanced multi-skilling offered by the program.
- 4.4 Is there capacity in the provincial health systems to support the additional clinical placements currently and in the future? Please provide affiliated agreements in support of these placements.

5.0 PROGRAM IMPLEMENTATION

- 5.1 Impact analysis of the program modification on delivery of quality health care services to consumers, on patient outcomes, on the employers, and the purchasers of service.
- 5.2 Impact of the program modification on the professional scope of practice and core competencies in the profession.
- 5.3 Impact of the proposed program modification on professional mobility, as outlined within the Labour Mobility Chapter of the Agreement on Internal Trade.
- 5.4 Identification of the provisions for re-training existing professionals and for the continual learning of graduates from the modified program.

6.0 RESOURCE IMPLICATIONS

- 6.1 Explanation of the impact the proposed modification will have on existing resources. If no impact is anticipated, provide a rationale, including supporting evidence, for this conclusion.

DRAFT: September 17, 2012