



*Accreditation Review Commission on Education  
for the Physician Assistant, Inc.*

## **Accreditation Standards for Clinical Post Graduate PA Programs**

**Copy for Comment  
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## PREFACE

The Physician Assistant (PA) profession is based on the model of broad based, generalist medical education provided by accredited entry-level PA programs. This preparation, when supplemented with practice-based training and appropriate physician supervision, allows PAs to integrate into various medical and surgical specialties or practice settings throughout their careers.

The fact that PAs continue to refine their knowledge and skills via practice-based training is a hallmark feature of the physician assistant profession. With ever changing health care needs, including changes in physician staffing, this model allows PAs to adapt rapidly to the medical needs of their communities. Employers, physicians and patients, benefit from this model.

Some PAs may elect to obtain additional specialty education and training by participation in formal clinical post graduate PA educational programs. Such structured specialty training is not required for physician-PA teams to provide specialty medical care or designed to be mandated by employers or governmental agencies to practice in a specialty.

## INTRODUCTION

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public, current and prospective PA students, and the PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards. The ARC-PA establishes, maintains, and promotes appropriate standards of quality for clinical post graduate education of PAs and provides recognition for clinical post graduate PA educational programs that meet the requirements outlined in these *Standards*. These *Standards* are to be used for the development, evaluation, and self-analysis of clinical post graduate PA programs.

Clinical post graduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduates of an ARC-PA accredited entry level PA program who are National Commission on Certification of Physician Assistants (NCCPA) eligible or certified. . Programs typically involve full time study of 12-24 months duration and follow several models including fellowships, graduate degree programs, and residency programs. Graduate degree programs and masters completion programs without a strong focus on clinical education in a recognized clinical specialty discipline are not included in this definition.

The clinical post graduate PA program accreditation process conducted by the ARC-PA is a voluntary one entered into by institutions and programs that sponsor a structured educational experience. The process gives applicant programs the opportunity to demonstrate compliance with the approved *Standards*. While the process is voluntary, it provides programs an external validation of their educational offering. Additionally the process offers prospective PA learners one means by which they can judge the quality of the educational experience offered by the program or institution. Programs that successfully demonstrate compliance are "accredited" by the ARC-PA.

Clinical post graduate program curricula are designed to build upon the knowledge and experience acquired during entry level generalist medical education for the PA, and provide one means of enabling the graduate PA to competently assume a role on a specialty health care team.

Program accreditation is designed to evaluate the clinical post graduate educational program being offered and is not meant to imply that a PA must participate in an accredited post entry level activity to obtain the requisite knowledge and skills necessary for practice in the general or specialty fields of medicine or surgery.

These *Standards* acknowledge the evolution of the PA profession and endorse competency based education as a fundamental tenet of PA education. The *Standards* allow clinical post graduate PA programs to be creative and innovative with the program designs and the methodologies used to enable PA residents to achieve program goals and acquire defined competencies. While the *Standards* require that program mission statements be consistent with the *Standards* and the mission of the sponsoring institution, they support the underlying rights of the sponsoring institution as it works with the program to meet the *Standards*.

These *Standards* constitute the requirements to which an accredited clinical post graduate PA program is held accountable and provide the basis on which ARC-PA will confer or deny clinical post graduate PA program accreditation.

The *Standards* apply to all clinical post graduate PA program locations, regardless of geographical location, the methods by which instruction is delivered, or the credential awarded upon program completion.

#### **CLINICAL POST GRADUATE PA PROGRAM REVIEW**

Accreditation of clinical post graduate PA programs is a voluntary process that includes a comprehensive review of the clinical post graduate PA program relative to the *Standards*. Accreditation decisions are based on the ARC-PA's review of information contained in the accreditation application, the report of site visit evaluation reports, any additional requested reports or documents submitted to the ARC-PA by the clinical post graduate PA program, and the clinical post graduate PA program's past accreditation history. Additional data to clarify information submitted with the application may be requested at the time of the site visit. New unsolicited information submitted after a site visit will not be accepted or considered by the ARC-PA as part of that accreditation review process.

**GENERAL REQUIREMENTS FOR ACCREDITATION**

**SECTION A: ADMINISTRATION**

**A1 Sponsorship, Accreditation, Location**

- A1.01 Accredited clinical post graduate PA programs must be established in
- a) schools of allopathic or osteopathic medicine,
  - b) colleges and universities affiliated with appropriate clinical teaching facilities,
  - c) medical education facilities of the federal government, or
  - d) hospitals, medical centers or ambulatory clinics.
- A1.02 The sponsoring institution must either be accredited
- a) as an institution of higher education by a recognized regional or specialized and professional accrediting agency or,
  - b) by the Accreditation Association for Ambulatory Health Care (AAAHC) or,
  - c) by the Commission on Accreditation of Rehabilitative Facilities (CARF) or,
  - d) by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a hospital/medical center or ambulatory clinic.
- A1.03 One sponsor must be clearly identified as being ultimately responsible for the program.
- A1.04 When more than one institution is involved in the provision of academic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the involved institutions.
- A1.05 The sponsoring institution, together with its affiliates, must be capable of providing didactic and clinical instruction and experience requisite to PA clinical post graduate education.
- A1.06 The program must have a defined mission statement which is consistent with the mission of the sponsoring institution.

**A2 Institutional Responsibilities and Resources**

- A2.01 The sponsoring institution assumes primary responsibility for:
- a) supporting curriculum planning and course selection by program personnel.
  - b) coordination of classroom teaching and supervised clinical practice.
  - c) appointment of program personnel.
  - d) granting the credential documenting satisfactory completion of the clinical post graduate PA program.
  - e) permanent maintenance of grades and credits for all components of the program.
  - f) assuring that PA residents are provided with a written agreement outlining the terms and conditions of their appointment or contract.
  - g) monitoring the implementation of the terms and conditions of the written agreement or appointment or contract by the program directors.
  - h) ensuring that PA residents are provided with professional liability coverage for the duration of the program.

- i) assuring that PA residents are provided with hospital and health insurance benefits.
- j) assuring that PA residents have access to insurance for disabilities resulting from activities that are part of the educational program.
- k) assuring that appropriate security and personal safety measures are addressed for PA residents and personnel in all locations where instruction occurs.

A2.02 The sponsoring institution must assure that the program has the following fiscal, human and academic resources:

- a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled PA residents.
- b) the human resources needed to operate the program.
- c) sufficient technology resources and instructional materials for the professional program personnel and staff to perform their duties.
- d) sufficient patient population to provide clinical experiences for PA residents.
- e) access to the internet, including medical and other health related electronic databases.
- f) readily available access to the full text of current books, journals, periodicals and other reference materials related to the curriculum.

A2.03 The sponsoring institution must assure that the program has the following physical resources:

- a) adequate classrooms, labs, clinical practice sites for PA residents.
- b) sleeping rooms, and food facilities available for all PA residents while on “in-patient” assigned call duty.
- c) space for confidential academic counseling of PA residents.
- d) secure storage for PA resident files and records.

A2.04 The sponsoring institution must assure that clinical support services, to include pharmacy, clinical laboratory, and diagnostic imaging

- a) are readily available to PA residents on clinical rotations.
- b) must be available in numbers sufficient such that PA residents are not expected to serve as replacements for clinical support staff.

### **A3 Personnel**

#### **Professional Program Personnel**

A3.01 Program officials must possess the necessary qualifications to perform the functions identified in documented job descriptions.

A3.02 The program must have a designated program director, medical director, and administrative staff.

A3.03 If the program director is a physician, the program director may also serve as the medical director.

A3.04 If the one individual serves as both the program director and the medical director, the program must assure that PA residents have the benefit of working with NCCPA certified PAs experienced in working in the specialty of the program, as mentors.

- A3.05 Professional program personnel must be responsible for the administration and coordination of didactic and clinical portions of the curriculum.
- A3.06 Professional program personnel must be sufficient in number to meet the academic needs of enrolled PA residents.
- A3.07 Professional program personnel are responsible for:
- a) developing the mission statement of the program.
  - b) selecting applicants for entry into the program.
  - c) providing instruction.
  - d) evaluating PA resident performance.
  - e) academic counseling.
  - f) assuring the availability of remedial instruction.
  - g) designing, implementing, coordinating, and evaluating curriculum.
  - h) administering and evaluating the program.

**Program Director**

- A3.08 The program director **must** be a PA or a physician:
- a) If the program director is a PA, s/he must hold current NCCPA certification or current PA licensure by the state in which the program exists
  - b) If the program director is a physician, s/he must hold current licensure as an allopathic or osteopathic physician in the state in which the program exists, and must be certified by an ABMS- or AOA-approved specialty board.
- A3.09 The program director must have the requisite knowledge and skills to administer the program effectively.
- A3.10 The program director must be knowledgeable about and responsible for the accreditation process.
- A3.11 The program director must provide effective leadership and management.
- A3.12 The program director must be knowledgeable about and responsible for the program's
- a) organization.
  - b) administration.
  - c) fiscal management.
  - d) continuous review and analysis.
  - e) planning.
  - f) development.
- A3.13 Together the program director and medical director must ensure and document that adequate supervision of PA residents is provided.

**Medical Director**

- A3.14 The medical director must
- a) be a currently licensed allopathic or osteopathic physician experienced in the delivery of the type of health care services for which the PA is being educated.
  - b) certified by an ABMS- or AOA-approved specialty board.
  - c) knowledgeable about current practice standards and the PA role.
  - d) support the program director in assuring that competent medical guidance is provided, so that both didactic and supervised instruction meets current acceptable practice.
  - e) be an advocate for the program within the sponsoring institution and the medical and academic communities.
- A3.15 If the position of medical director is shared, each individual must have defined roles and responsibilities.

**Professional Development**

- A3.16 The program must provide the opportunity for continuing professional development of the professional program personnel by supporting the development of the clinical, teaching, scholarly, and administrative skills/abilities required for their role in the program.
- A3.17 The program should support the PAs assigned to work in the program in maintaining their national NCCPA certification status.

**Instructional Personnel**

- A3.18 In addition to the program and medical director, there must be additional professional program personnel to provide PA residents with the attention, instruction, and supervised practice experiences necessary to acquire the knowledge and competencies required to meet the objectives of the program.
- A3.19 Professional program personnel and instructors must be
- a) qualified through academic preparation and experience to teach assigned subjects.
  - b) knowledgeable in course content and effective in teaching assigned subjects.
- A.3.20 All professional program personnel and instructors assigned to teach PA residents should be responsible for evaluating PA resident performance and identifying PA residents who are not meeting expected competencies.
- A3.21 In each location to which a PA resident is assigned for instruction, there must be an individual designated to facilitate the supervision and assessment of the PA resident's progress in achieving program requirements.

**Administrative Support Staff**

- A3.22 There must be sufficient administrative and technical support staff so that professional program personnel can accomplish the tasks required of them.

**A4 Operations**

**Fair Practices and Admissions**

- A4.01 The program must comply with applicable state PA practice acts.
- A4.02 The program must adhere to the current Accreditation Council for Graduate Medical Education (ACGME) policy of appropriate limits to duty hours to allow for adequate time for PA resident rest. (see Appendix A).
- A4.03 PA residents must be provided with rapid, reliable systems for communicating with supervising physicians.
- A4.04 Announcements and advertising must accurately reflect the program.
- A4.05 All personnel and PA resident policies must be consistent with federal and state statutes, rules, and regulations.
- A4.06 Admission of PA residents must be made in accordance with clearly defined and published practices of the institution and program.
- A4.07 The following must be defined, published, and readily available to prospective and enrolled PA residents:
- a) policies and practices that favor specific groups of applicants.
  - b) program eligibility requirements.
  - c) policies regarding advanced placement.
  - d) policies related to required duty hours.
  - e) policies related to physician supervision of patient care.
  - f) required academic standards.
  - g) required technical standards.
  - h) all required curricular components.
  - i) academic credit offered by the program, if applicable.
  - j) estimates of all costs related to the program which may be incurred by the PA resident.
  - k) ARC-PA accreditation status.
  - l) policies and procedures for PA resident withdrawal.
  - m) policies and procedures for refunds of tuition and fees, if applicable.
  - n) policies that limit or prevent PA residents from moonlighting or otherwise working during the program.
  - o) policies and procedures for processing PA resident /employee grievances.
  - p) policies describing how PA resident impairment, including that due to substance abuse, will be handled.
  - q) policies covering sexual and other forms of harassment.
  - r) policies related to remuneration and benefits.
  - s) policies addressing reduction in size or closure of a PA residency program, and how PA residents would be assisted in completing their education in such instances.
- A4.08 Grievance and due process policies and procedures must address

- a) academic or other disciplinary actions taken against PA residents that could result in dismissal, nonrenewal of a PA resident's agreement or other actions that could significantly threaten a PA resident's intended career development.
  - b) adjudication of PA resident complaints and grievances related to the work environment or issues related to the program or professional program personnel.
- A4.09 Programs granting advanced placement must document that PA residents receiving advanced placement have:
- a) met program defined criteria for such placement.
  - b) met institution defined criteria for such placement.
  - c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.
- A4.10 Applicants being considered for acceptance into the program must be informed in writing or by electronic means, of the terms, conditions, and benefits of appointment, to include
- a) PA resident responsibilities.
  - b) duration of appointment.
  - c) financial support.
  - d) vacations.
  - e) parental, sick, and other leaves of absence.
  - f) professional liability.
  - g) hospitalization, health, disability and other insurance provided for the PA residents and their families.
  - h) conditions under which living quarters, meals, laundry services, or their equivalents are to be provided.
  - i) conditions for reappointment.
- A4.11 The following must be defined, published, and readily available to professional program personnel:
- a) policies and procedures for processing PA resident grievances.
  - b) policies and procedures for processing employee grievances.
- A4.12 PA residents must not be required to perform non patient related clerical or administrative work for the program that is not a component of the educational requirements of the program.
- A4.13 PA residents must not have access to the records or other confidential information of other PA residents or professional program personnel.

**PA Resident Records**

- A4.15 PA resident files kept by the program must include documentation
- a) that the PA resident has met published admission criteria.
  - b) of the evaluation of PA resident performance while enrolled.
  - c) of remediation.
  - d) of disciplinary action.
  - e) that the PA resident has met institution health screening and immunization requirements.

**Professional Program Personnel Records**

- A4.16 Records of program director, medical director and any professional program personnel assigned to the program at 0.50 FTE effort or greater must include a
- a) current job description that includes duties and responsibilities specific to each individual.
  - b) current curriculum vitae (CV).
- A4.17 The program must have a current CV for each course director, with emphasis on their qualifications for teaching that segment of the curriculum.

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| <b>SECTION B:</b> | <b>CURRICULUM</b> |
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**B1 Curriculum and Instruction**

- B1.01 The curriculum must include didactic content as well as clinical rotations applicable to the specialty of the program.
- B1.02 The curriculum must be of sufficient breadth and depth to prepare the PA resident for clinical practice in the specialty of the program.
- B1.03 The curriculum design must reflect sequencing that enables PA residents to develop the clinical competencies necessary for practice in the specialty of the program.
- B1.04 The program must assure educational equivalency of course content, PA resident experience, and access to didactic and clinical resources when instruction is:
- a) conducted at geographically separate locations.
  - b) provided by different means for some PA residents.
- B1.05 The program must
- a) have its curriculum content and required clinical experiences reviewed by a recognized physician specialty organization approved by the ARC-PA.
  - b) follow the process of and use the forms provided by the ARC-PA for the curriculum review
  - c) provide supporting documentation from the approved physician organization that the curriculum was reviewed for appropriateness for PA practice in the specialty area.
- B1.06 The program must provide PA residents with written expectations of PA resident outcomes and behaviors required for successful completion of the program.
- B1.07 For each didactic and clinical course or component, the program must provide each PA resident with a written document that
- a) defines expectations.
  - b) guides PA resident acquisition of expected competencies.
  - c) includes measurable expected PA resident competencies.
  - d) details how each PA resident will be evaluated in relation to expected competencies.
- B1.08 The program must orient instructional personnel and preceptors to the specific educational competencies expected of PA residents.

- B1.09 The program must provide clinical practice experiences that enable PA residents to meet defined program expectations and acquire the competencies needed for practice in the defined specialty of program.
- B1.10 The program must be responsible for the selection of clinical sites to which PA residents will be assigned for clinical rotations.
- B1.11 The program must assure that the volume and variety of clinical experiences ensures a sufficient number and distribution of appropriate experiences/cases, as determined by the program, for the achievement of adequate knowledge, skill, and experience for each PA resident in the program.
- B1.12 The program should not require that PA residents supply their own clinical sites or preceptors for program-required clinical rotations.

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| <b>SECTION C:</b> | <b>EVALUATION</b> |
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**C1 PA Resident Evaluation**

- C1.01 The program must provide each PA resident, upon program entry, with written criteria for successful progression to and completion of each segment of the curriculum and for completion of the program.
- C1.02 The program must use objective evaluation methods that are administered equitably to all PA residents in the program.
- C1.03 Objective evaluation methods must be related to expected PA resident competencies for all curriculum components.
- C1.04 The program must conduct periodic, objective, and documented formative evaluations of PA residents to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.
- C1.05 The program must assess and document PA resident demonstration of professional behaviors.
- C1.06 The program must monitor the progress of each PA resident in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established.

**C2 Clinical Site Evaluation**

- C2.01 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA residents' clinical practice experiences.
- C2.02 The program must apply comparable evaluation processes to clinical sites regardless of geographical location.

C2.03 The program must ensure and document that each clinical site provides the PA resident access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience.

**C3 Program Evaluation**

C3.01 The program must continually and systematically review and assess the effectiveness of the education it provides and assess its compliance with the *Standards*.

C3.02 The program must include information, as part of the application for accreditation, that accurately and succinctly documents the process and results of ongoing self-assessment. The format must follow the guidelines provided by the ARC-PA and, at a minimum, must document:

- a) the program's process of ongoing self assessment.
- b) outcome data and critical analysis of:
  - 1) professional program personnel attrition.
  - 2) PA resident attrition, deceleration, and remediation.
  - 3) PA resident failure rates in individual courses and clinical rotations.
  - 4) PA resident evaluations of individual didactic courses, clinical rotations, and professional program personnel.
  - 5) graduate evaluations of curriculum and program effectiveness.
  - 6) preceptor evaluations of PA resident performance and suggestions for curriculum improvement.
- c) self-identified program strengths and areas in need of improvement.
- d) modifications that occurred as a result of self-assessment.
- e) plans for addressing areas needing improvement.

C3.03 The program must apply the results of ongoing program assessment to the curriculum and other dimensions of the program.

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| <b>SECTION D: PA RESIDENT SERVICES</b> |
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**D1 PA Resident Health**

D1.01 Health screening and immunization of PA residents must:

- a) be based on current Centers for Disease Control recommendations for health professionals.
- b) be consistent with institutional policy.
- c) not be conducted by program personnel.

D1.02 Professional program personnel should not participate as health care providers for PA residents in the program.

D1.03 The program must inform PA residents of and provide access to health care services equivalent to those that the sponsoring institution makes available to other health profession residents or employees.

D1.04 Professional program personnel and staff should not have access to or review the confidential health records of PA residents, except for immunization and tuberculosis

screening results, which may be maintained and released with written permission from the PA resident.<sup>1</sup>

**D2 PA Resident Guidance**

- D2.01 The program must assure that guidance is available to assist PA residents in understanding and abiding by program policies and practices.
- D2.02 The program must assure that PA residents have timely access to professional program personnel for assistance and counseling regarding their academic concerns and problems.
- D2.03 The program must provide referral for counseling of PA residents with personal problems that may interfere with their progress in the program.

**D3 PA Resident Identification**

- D3.01 PA residents must be clearly identified as such to distinguish them from physicians, medical residents, staff PAs, and other health care professionals and students.

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| <b>SECTION E: ACCREDITATION MAINTENANCE</b> |
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**E1 Program and Sponsoring Institution Responsibilities**

- E1.01 In accordance with ARC-PA policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the ARC-PA, an accreditation action of Accreditation Withdrawn.
- E1.02 The program must inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from JCAHO or the sponsoring institution's regional or specialized and professional accrediting agency.
- E1.03 The program must agree to periodic comprehensive reviews that may include a site visit as determined by the ARC-PA.
- E1.04 The program must submit surveys and reports as required by the ARC-PA.
- E1.05 The program must inform the ARC-PA in writing of changes in the program director, medical director, or key professional program personnel within 30 days of the date of the effective change.
- E1.06 The program must demonstrate active recruitment to fill vacated positions of the program director, medical director, or other key professional program personnel.
- E1.07 If an interim program director (IPD) is appointed, this person should meet the qualifications of the PD.
- E1.08 The appointment of an IPD should not exceed 12 months.

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<sup>1</sup> Program personnel and staff may need access to such records if they are participating in the care of PA residents.

- E1.09 The program must inform the ARC-PA in writing, no less than six months prior to implementation, of changes in the following:
- a) credential granted at program completion.
  - b) requirements for program completion.
  - c) program length.
  - d) maximum class size.
- E1.10 The sponsoring institution must inform the ARC-PA in writing of the intent to transfer clinical post graduate program sponsorship as soon as it begins considering transfer.
- E1.11 The sponsoring institution must inform the ARC-PA in writing of the intent to close the clinical post graduate program and the process it will use to assure that current PA residents complete the clinical post graduate program or find placement in another clinical post graduate program.
- E1.12 The clinical post graduate program and the sponsoring institution must pay ARC-PA accreditation fees as determined by the ARC-PA.

**DEFINITIONS**

**NOTE:** Where terms are not defined, their definitions are at the discretion of the ARC-PA.

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| <b>ABMS</b>                              | American Board of Medical Specialties  |
| <b>ACGME</b>                             | Accreditation Council for Graduate Medical Education   |
| <b>Accurately</b>                        | Free from error  |
| <b>Analysis</b>                          | Study of compiled or tabulated data interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.  |
| <b>AOA</b>                               | American Osteopathic Association   |
| <b>Clinical Post Graduate PA Program</b> | Clinical post graduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduates of an ARC-PA accredited entry level PA program who are National Commission on Certification of Physician Assistants (NCCPA) eligible or certified. Programs typically involve full time study of 12-24 months duration and follow several models including fellowships, graduate degree programs, and residency programs. Graduate degree programs and masters completion programs without a strong focus on clinical education in a recognized clinical specialty discipline are not included in this definition. |
| <b>Clinical Rotation</b>                 | Supervised clinical practice experiences involving direct patient care provided by a PA resident   |
| <b>Clinical Supervisor</b>               | Medical professional who provides supervision of the PA resident on clinical rotations   |
| <b>Comparable</b>                        | Similar but not necessarily identical.   |
| <b>Competencies</b>                      | The knowledge; interpersonal, clinical and technical skills; professional behaviors; and clinical reasoning and problem solving abilities required for PA practice.  |
| <b>Course director</b>                   | Individual primarily responsible for the organization, delivery, and evaluation of a course or comparable unit of study.   |
| <b>Didactic Course</b>                   | Seminars, discussions, lectures, formal presentations, grand rounds, case conferences, journal club discussions ; an organized group of didactic content on a specific topic or general content area provided in a defined and pre established format over an extended period of time, such as a series of lectures, seminars;   |
| <b>Equivalent</b>                        | Resulting in the same outcome or end result.   |

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| <b>Formative Evaluation</b>   | Intermediate or continuous evaluation that may include feedback to help in achieving goals.  |
| <b>Health record(s)</b>   | The primary legal record documenting the health care services provided to a person in any aspect of the health care system. (This term includes routine clinical or office records, records of care in any health related setting, preventive care, lifestyle evaluation, research protocols, and various clinical databases.) |
| <b>Instructional Faculty</b>  | Individuals providing instruction or supervision during the program, regardless of length of time of instruction or professional background of the instructor.   |
| <b>Maximum Aggregate PA Resident Enrollment</b>                             | The maximum potential number of PA residents enrolled simultaneously at any point in time.   |
| <b>Maximum class size</b>   | Maximum potential number of PA residents enrolled for each admission cycle.  |
| <b>Moonlighting</b>   | Professional and patient care activities that are external to the educational program.   |
| <b>Must</b>   | A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.   |
| <b>NCCPA</b>  | National Commission on Certification of Physician Assistants   |
| <b>PA resident(s)</b>   | Graduate PAs who are NCCPA-eligible or who hold current NCCPA certification enrolled in a clinical post graduate PA program.   |
| <b>Preceptor</b>  | Medical professional serving to supervise the patient care activities of the PA resident   |
| <b>Professional Behaviors</b>   | Professional behaviors include, at a minimum, demonstration of respect for self and others, adherence to legal and regulatory requirements for PA practice, commitment to ongoing professional development, commitment to professional and ethical principles related to patient care, sensitivity to issues of diversity      |
| <b>Professional program personnel</b>                                       | Health care professionals assigned to work with the clinical post graduate PA program as a major component of their work assignment.   |
| <b>Prospective PA residents</b>   | Any individuals who have requested information about the program or submitted information to the program.  |
| <b>Published</b>  | Presented in written or electronic (Web) format.   |
| <b>Readily Available</b>  | Made accessible to others in a timely fashion via defined program or institution procedures.   |
| <b>Recognized Physician Specialty Organizations (for curriculum review)</b> | A recognized national physician specialty society/organization as approved by the ARC-PA. Program suggested societies/organizations must be approved in advance by the ARC-  |

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|   | PA.  |
| <b>Recognized Regional or Specialized and Professional Accrediting Agencies</b> | Accreditation Association for Ambulatory Health Care (AAAHC)<br>American Osteopathic Association (AOA)<br>Commission on Accreditation of Rehabilitative Facilities (CARF)<br>Joint Commission on Accreditation of Healthcare Organizations (JCAHO)<br>Liaison Committee on Medical Education (LCME)<br>Middle States Association of Colleges and Schools<br>New England Association of Schools and Colleges<br>North Central Association of Colleges and Schools<br>Northwest Association of Schools and Colleges<br>Southern Association of Colleges and Schools<br>Western Association of Schools and Colleges |
| <b>Remediation</b>  | The program's defined process for addressing deficiencies in a PA resident's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.   |
| <b>Should</b>   | The term used to designate requirements that are so important that their absence must be justified.  |
| <b>Succinctly</b>   | Marked by compact, precise expression without wasted words.  |
| <b>Sufficient</b>   | Enough to meet the needs of a situation or proposed end..  |
| <b>Timely</b>   | Without undue delay; as soon as feasible after giving considered deliberation.   |
| <b>Written</b>  | On paper or available in electronic format   |

## **APPENDIX A: Duty Hours**

**Duty Hours** (adapted from ACGME COMMON PROGRAM REQUIREMENTS, July, 2003, ACGME, [http://www.acgme.org/acWebsite/dutyHours/dh\\_Lang703.pdf](http://www.acgme.org/acWebsite/dutyHours/dh_Lang703.pdf))

Duty hour assignments must recognize that PA residents are not solely responsible for the safety and welfare of patients, but share this responsibility with physicians and staff PAs and other health care providers of the institution.

### Duty Hours

- 1) Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- 2) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- 3) PA residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- 4) Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

### On-Call Activities

The objective of on-call activities is to provide PA residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when PA residents are required to be immediately available in the assigned institution.

- 1) In-house call must occur no more frequently than every third night, averaged over a four-week period.
- 2) Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. PA residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- 3) At-home call (pager call) is defined as call taken from outside the assigned institution.
  - a) at-home call must not be so frequent as to preclude rest and reasonable personal time for each PA resident. PA residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - b) When PA residents are called into the hospital from home, the hours PA residents spend in-house are counted toward the 80- hour limit.
  - c) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### Moonlighting

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.