



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

Accreditation Standards for Physician Assistant Education[©]

**Effective
January 1, 2001
Second Edition**

With clarifying changes 1/1/02, 3/9/02

Table of Contents

INTRODUCTION	4
PROGRAM REVIEW	5
GENERAL REQUIREMENTS FOR ACCREDITATION	5
SECTION A ADMINISTRATION	5
A1 Sponsorship.....	5
Institution Accreditation	5
Program Location.....	5
Institution Responsibilities	5
A2 Personnel.....	6
Core Program Faculty	6
Program Director	7
Medical Director	7
Professional Development	7
Instructional Faculty	8
Administrative Support Staff	8
A3 Financial Resources	8
A4 Physical Resources	8
Classrooms and laboratories	8
Office and meeting space.....	9
Office Equipment.....	9
Academic Resources	9
Instructional Resources.....	9
Technology Resources	9
A5 Operations	9
Fair Practices.....	9
Student Records.	10
Faculty Records.	10
Admission Policies and Procedures	10
SECTION B CURRICULUM REQUIREMENTS	11
B1 Instructional Process	11
B2 Basic Medical Sciences	11
B3 Behavioral and Social Sciences	11
B4 Health Policy.....	12
B5 Clinical Preparatory Sciences	12
B6 Supervised Clinical Practice	13
B7 Professional Practice Issues	13

SECTION C	EVALUATION.....	14
C1	Program Evaluation	14
C2	Educational Effectiveness.....	14
C3	Program Modification.....	14
C4	Self-Study Reports.....	14
C5	Student Evaluation.....	14
C6	Clinical Site Evaluation	15
SECTION D	STUDENTS	15
D1	Health.....	15
D2	Guidance	16
D3	Student Identification.....	16
SECTION E	EDUCATIONAL EQUIVALENCY	16
E1	Instruction	16
E2	Administration	16
SECTION F	PROVISIONAL ACCREDITATION.....	16
F1	Provisional Accreditation Requirements	17
SECTION G	MAINTAINING ACCREDITATION.....	18
G1	Program and Sponsoring Institution Responsibilities.....	18
DEFINITIONS.....		20

These *Standards* were initially adopted 1971; revised in 1978, 1985, 1990,1997, and 2000, and approved by the

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians-American Society of Internal Medicine
- American College of Surgeons
- American Medical Association
- Association of Physician Assistant Programs

These *Standards* constitute the minimum requirements to which an accredited program is held accountable and provide the basis on which the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) will confer or deny program accreditation.

The *Standards* apply to all program locations, regardless of geographical location or the method by which instruction is delivered.

INTRODUCTION

The American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians - American Society of Internal Medicine, the American College of Surgeons, the American Medical Association, and the Association of Physician Assistant Programs cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (PAs) and to provide recognition for educational programs that meet the minimum requirements outlined in these *Standards*. These *Standards* are to be

used for the development, evaluation, and self-analysis of physician assistant programs.

Physician assistants are academically and clinically prepared to provide health care services with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; introduction to clinical medicine and patient assessment; supervised clinical practice; and health policy and professional practice issues.

These *Standards* acknowledge the evolution of the PA profession and endorse a fundamental tenet of PA education: competency-based education. While the opportunity for creativity and innovation in program design remains, this version of the *Standards* reflects the realization that a commonality in the core curriculum of programs has become not only desirable, but also necessary in order to offer curricula of sufficient depth and breadth to prepare PA graduates for practice in a dynamic and competitive health care arena. Additionally, the *Standards* reflect a graduate level of curricular intensity. Institutions that sponsor PA programs should endeavor to incorporate this higher level of academic rigor into their programs and acknowledge it with an appropriate degree.

PROGRAM REVIEW

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

GENERAL REQUIREMENTS FOR ACCREDITATION

SECTION A: ADMINISTRATION

A1 Sponsorship

Institution Accreditation

A1.1 The sponsoring institution must be accredited as an institution of higher education by a recognized regional or specialized and professional accrediting agency.

*Program Location*¹

A1.2 Accredited 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.

Institution Responsibilities

A1.3 One sponsor must be clearly identified as being ultimately responsible for the program.

¹ *Programs established prior to 1/1/01 "should" be established in the settings indicated. Programs established on or after 1/1/01 "must" be established in the settings indicated.*

- A1.4 The sponsoring institution, together with its affiliates, must be capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education.
- A1.5 The sponsoring institution assumes primary responsibility for:
- a) student admission, including receiving and processing applications
 - b) curriculum planning and selection of course content
 - c) coordination of classroom teaching and supervised clinical practice
 - d) appointment of faculty
 - e) granting the credential documenting satisfactory completion of the educational program.
- A1.6 In programs in which 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.

A2 Personnel

Core Program Faculty

- A2.1 The program must have effective leadership and management.
- A2.2 Program officials must possess the necessary qualifications to perform the functions identified in documented job descriptions.
- A2.3 The program must have a designated program director, medical director, faculty, and administrative staff. The program director also may be the medical director.
- A2.4 The program must have core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum.
- A2.5 Core program faculty must include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently certified as PAs. The latter two FTE positions cannot be occupied by more than four individuals.
- A2.6 The core program faculty should have appointments and privileges comparable to other faculty who have similar responsibilities within the institution.

- A2.7 Core program faculty are responsible for:
- a) teaching
 - b) evaluating student performance
 - c) identifying and counseling students who are not achieving the defined course or program objectives
 - d) assuring the availability of remedial instruction
 - e) developing, implementing, and evaluating curriculum
 - f) administering and evaluating the program.

Program Director

- A2.8 The program director must be a PA or a physician and must have the requisite knowledge and skills to administer the program effectively.² If the program director is a PA, he should hold current national certification. If the program director is a physician, he must be a licensed allopathic or osteopathic physician and should be board certified.
- A2.9 The program director should be assigned to the program on a full time basis.

² *Programs established on or after 1/1/01 must have a PA, MD, or DO as director. Programs established prior to 1/1/01 will be held to this Standard only when a new program director is appointed.*

- A2.10 The program director must be knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program.
- A2.11 The program director must supervise the medical director, faculty, and staff in all activities that directly relate to the PA program.

Medical Director

- A2.12 The medical director must be a licensed allopathic or osteopathic physician who should be board certified.
- A2.13 The medical director must support the program director in assuring that competent medical guidance is provided, so that both didactic and supervised instruction meets current acceptable practice.
- A2.14 The medical director should be an advocate for the program within the medical and academic community.

Professional Development

- A2.15 The program must assure continuing professional growth of the core faculty by supporting their clinical, teaching, scholarly, and management responsibilities . Programs must support core PA faculty in maintaining their national certification status.

Instructional Faculty

- A2.16 In addition to the core program faculty, there must be additional faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession.
- A2.17 Faculty and instructors must be qualified through academic preparation and experience to teach assigned subjects.
- A2.18 Faculty and instructors must be knowledgeable in course content and effective in teaching assigned subjects.
- A2.19 Faculty and instructors for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.
- A2.20 The program should not rely principally on resident physicians for didactic or clinical instruction.
- A2.21 All faculty and instructors assigned to teach students should be responsible for evaluating student performance and identifying students who are not achieving course and program objectives.

- A2.22 In each location to which a student is assigned for didactic or supervised practice instruction, there must be an individual designated to supervise and make frequent assessments of the student's progress in achieving program requirements.

Administrative Support Staff

- A2.23 The institution must provide administrative and technical support staff to meet the needs of the program.
- A2.24 At a minimum, there must be one full time support staff person assigned to the program to assist the core program faculty.

A3 Financial Resources

- A3.1 Financial resources to operate an educational program must be sufficient to fulfill obligations to matriculating and enrolled students.

A4 Physical Resources

Classrooms and Laboratories

- A4.1 Classrooms and laboratories must have sufficient seating to accommodate the class size. The seating, lighting, heating, and ventilation must be sufficient to facilitate the learning process.

Office and Meeting Space

- A4.2 There must be designated space for confidential counseling of students by core faculty.
- A4.3 There must be sufficient office space for core faculty to perform their program duties.
- A4.4 Facilities should include meeting space for faculty meetings, program committees, and any other meeting space relevant to the program.
- A4.5 There must be secure storage space for student files and records.

Office Equipment

- A4.6 Sufficient computer hardware and software, office equipment, and supplies must be readily available for program faculty and staff.

Academic Resources

- A4.7 Convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum must be available to students and faculty.

Instructional Resources

- A4.8 Instructional models, computer hardware and software, reference materials, and audio and visual resources must be available to facilitate faculty teaching and student learning.

Technology Resources

- A4.9 The institution must provide access to and training in the use of the Internet, including medical and other health-related electronic databases.

A5 Operations

Fair Practices

- A5.1 Announcements and advertising must accurately reflect the program offered.
- A5.2 All personnel and student policies must be non-discriminatory and consistent with federal and state statutes, rules, and regulations.
- A5.3 At a minimum, the following must be defined, published, and readily available to prospective and enrolled students:
 - a) institutional policies and practices that favor specific groups of applicants
 - b) academic credit and costs to the student.
- A5.4 Policies and procedures for processing student grievances must be defined, published, and readily available to students and faculty.

- A5.5 Policies and procedures for processing faculty grievances must be defined, published, and readily available to faculty.
- A5.6 Policies and procedures for student withdrawal and for refunds of tuition and fees must be published and readily available to all students.
- A5.7 Policies that limit or prevent students from working must be made known to the students in advance of enrollment.
- A5.8 Policies by which students may work within the program or institution while enrolled in the program must be published and made available to all students.
- A5.9 Students must not be required to perform clerical or administrative work for the program.
- A5.10 During clinical experiences, students must not be used to substitute for regular clinical or administrative staff.
- A5.11 Appropriate security and personal safety measures must be provided to students in all locations in which instruction occurs.

Student Records

- A5.12 Student files must include the following:
 - a) data and information indicating that students have met published admission criteria
 - b) documentation reflecting the evaluation of student performance while enrolled
 - c) documentation of remediation and/or disciplinary action.
- A5.13 The sponsoring institution must retain student transcripts permanently.

Faculty Records

- A5.14 Records of core program faculty members must include a current curriculum vitae (CV) and current job description.
- A5.15 The program must have a current CV for each course director.

Admission Policies and Procedures

- A5.16 Admission of students must be made in accordance with clearly defined and published practices of the institution and program.
- A5.17 At a minimum, the following information must be clearly defined, published, and readily available to prospective students:
- a) requirements for prior education or work experience
 - b) policies regarding advanced placement, transfer of credit, and credit for experiential learning
 - c) specific academic and technical standards.

**SECTION B:
CURRICULUM REQUIREMENTS**

B1 Instructional Process

- B1.1 The program is responsible for the curriculum design and implementation.
- B1.2 The curriculum design must reflect learning experiences and sequencing that enable students to develop the clinical competence necessary for practice.
- B1.3 The program must provide students with written program objectives, learning goals, and competencies required for successful completion of the program.

B1.4 For each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies.

B1.5 The program must orient instructional faculty and preceptors to the specific educational competencies expected of PA students.

B2 Basic Medical Sciences

B2.1 Instruction in the basic medical sciences must include:

- a) human anatomy
- b) physiology
- c) pathophysiology
- d) pharmacology.

B2.2 While programs may require basic sciences as prerequisites to enrollment, those prerequisites do not substitute for the basic medical sciences education of the professional component of the program as required above.

B3 Behavioral and Social Sciences

B3.1 Programs must provide instruction in:

- a) personality development
- b) child development
- c) normative responses to stress
- d) psychosomatic manifestations of illness and injury
- e) sexuality
- f) responses to death and dying.

- B3.2 Programs must provide instruction in basic counseling skills necessary to help patients and families cope with illness and injury, follow prescribed treatment regimens, and modify their behaviors to more healthful patterns.
- B3.3 Programs must provide instruction in the counseling of patients regarding:
- a) issues of health care management, including compliance with prescribed therapeutic regimens
 - b) normal growth and development
 - c) family planning
 - d) emotional problems of daily living.
- B3.4 Programs must provide instruction in advance directives and end of life decisions.
- B3.5 Programs must provide instruction on the influence of multicultural issues and their impact on the delivery of patient care.
- B3.6 Programs must provide instruction in medical ethics and professional responsibility, including the concepts of privilege, confidentiality, and informed consent.
- B3.7 Programs must provide instruction in effective interpersonal communication.

B4 Health Policy

- B4.1 Programs must provide instruction on:
- a) the impact of socioeconomic issues affecting health care
 - b) health care delivery systems
 - c) reimbursement, including documentation, coding, and billing
 - d) quality assurance and risk management in medical practice
 - e) legal issues of health care.

B5 Clinical Preparatory Sciences

- B5.1 Program must provide students with instruction in assessment, including:
- a) techniques of interviewing and eliciting a medical history
 - b) performing a physical examination across the life span
 - c) ordering and interpreting diagnostic studies
 - d) presenting patient data in oral and written form.
- B5.2 The program must provide instruction covering the pathology of all organ systems and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.
- B5.3 Programs must provide instruction in technical procedures based on current professional practice.
- B5.4 Programs must prepare students for prescriptive practice.

B5.5 Programs must assist students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving.

B5.6 Programs must provide instruction in development and implementation of patient management and treatment plans that include patient education.

B5.7 Programs must provide instruction in evaluation and management of life-threatening situations.

B5.8 Programs must provide instruction in the referral of patients to other health care providers or agencies.

B5.9 Programs must provide instruction that stresses the examination of evidence from clinical research as a basis for clinical decision making.

B5.10 Programs must provide instruction to equip students with the necessary skills to search and interpret the medical literature and its application to patient care, in order to maintain a critical, current, and operational knowledge of new medical findings.

B6 Supervised Clinical Practice

B6.1 Programs must provide medical and surgical clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice.

B6.2 While specific clinical rotations are not required for each clinical discipline listed below, the program must document that every student has clinical experiences in:

- a) family medicine
- b) general internal medicine
- c) pediatrics
- d) prenatal care and gynecology
- e) general surgery
- f) emergency medicine
- g) psychiatry/behavioral medicine
- h) geriatrics.

B6.3 Clinical experience should be provided in ambulatory, emergency, inpatient, and long-term care settings.

B7 Professional Practice Issues

B7.1 Instruction must emphasize the attributes of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare.

B7.2 The program must provide students an historical perspective of the PA profession, as well as content related to current trends and the political and legal issues that affect PA practice.

B7.3 The program must provide instruction on the physician-PA team relationship.

- B7.4 Instruction must include content relating to:
- a) PA professional organizations
 - b) PA program accreditation.
 - c) graduate certification and recertification
 - d) licensure
 - e) credentialing
 - f) professional liability.

SECTION C: EVALUATION

C1 Program Evaluation

- C1.1 The program must have a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*.

C2 Educational Effectiveness

- C2.1 Programs must routinely secure qualitative and quantitative information regarding student and recent graduate outcomes.
- C2.2 Critical analysis of outcome data must be incorporated in self-study reports and must include:
- a) student attrition, deceleration, and remediation
 - b) faculty attrition
 - c) student failure rates in individual courses and rotations
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty
 - e) timely surveys of graduates evaluating curriculum and program effectiveness
 - f) surveys of employers on such matters as employment settings,

- scope of practice, graduate competence, and suggestions for curriculum improvement
- g) evaluation of the most recent five-year aggregate student performance on the national certifying examination.

C3 Program Modification

- C3.1 Results of ongoing program evaluation must be reflected in the curriculum and other dimensions of the program.

C4 Self-Study Reports

- C4.1 The program must prepare self-study reports that accurately and succinctly document the process of self-evaluation. Reports must document:
- a) process and results of continuous evaluation
 - b) outcome data analysis
 - c) self-identified program strengths, weaknesses, and opportunities for improvement
 - d) modifications that occurred as a result of self-evaluation
 - e) plans for addressing weaknesses and areas needing improvement
 - f) response to the last accreditation citations
 - g) compliance with the *Standards*.

C5 Student Evaluation

- C5.1 Written criteria for successful progression to and completion of each segment of the curriculum and for graduation must be given to each student upon enrollment.
- C5.2 Objective evaluation methods must be equitable and include content

related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components.

C5.3 The program must conduct frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, psychomotor and clinical competencies, and behavioral performance.

C5.4 Progress of students must be monitored in such a way that deficiencies are promptly identified and a means for correction established.

C5.5 A summative evaluation of each student should be completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice.

C6 Clinical Site Evaluation

C6.1 The program must define and maintain a process to routinely evaluate sites for the students' clinical practice experiences.

C6.2 Equivalent evaluation processes must be applied to all clinical sites regardless of geographical location.

C6.3 The program must ensure and document that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives.

<p>SECTION D: STUDENTS</p>

D1 Health

D1.1 Documentation verifying that each student has completed health screening and meets program health requirements must be in program files.

D1.2 The student health records are confidential documents and must not be kept in program files.

D1.3 Health screening should include an annual PPD (tuberculosis skin test), should be consistent with institutional policies, and should occur at program entry and annually thereafter

D1.4 Student immunization status should meet the current recommendations of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention.

D1.5 Students must be informed of and have access to the same student health care services that the sponsoring institution makes available to students enrolled in other courses of instruction.

D1.6 Core program faculty must not participate as the primary health care

providers for students in the program.

D2 Guidance

- D2.1 Guidance must be available to assist students in understanding and abiding by program policies and practices.
- D2.2 Students must have timely access to faculty for assistance and counseling regarding their academic concerns and problems.
- D2.3 The program must provide referral for counseling of students with personal problems that may interfere with their progress in the program.

D3 Student Identification

- D3.1 PA students must be clearly identified as such to distinguish them from physicians, medical students, and other health profession students and graduates.

**SECTION E:
EDUCATIONAL EQUIVALENCY**

E1 Instruction

- E1.1 When courses in the basic medical sciences, behavioral and social sciences, health policy, clinical preparatory sciences, the PA role, and any other didactic courses are conducted on geographically separate campuses, or instruction is provided by different means on separate campuses, the program must assure educational equivalency of course content, student experience, and access to didactic

and laboratory materials upon which course learning objectives are based.

- E1.2 Regardless of location, sites used for students during supervised clinical practice must meet the program's prescribed clinical course learning objectives and performance evaluation measures.

E2 Administration

- E2.1 Program policies must apply to all students and faculty regardless of the location of their campus.
- E2.2 Students and faculty at campuses geographically distant from a main program campus must have access to services and resources equivalent to those on the main campus.

**SECTION F:
PROVISIONAL ACCREDITATION**

Provisional accreditation is recognition granted for a limited period of time to a new program that at the time of the initial provisional site visit has demonstrated to the ARC-PA's satisfaction its preparedness to initiate a program in accordance with the *Standards*. The provisional accreditation process involves a thorough review of the planning, organization, and proposed content of a program that is in the advanced planning stages, but not yet operational. Provisional accreditation status indicates the ARC-PA's determination that the plans and resources allocated for the program demonstrate an ability to meet the *Standards* if fully implemented as proposed. In all cases, provisional accreditation of the program must precede the matriculation of students.

Initial provisional accreditation visits are conducted during the year prior to enrollment of the charter class of students. Follow-up provisional visits are conducted at programs that have successfully achieved provisional accreditation. Follow-up visits must occur no sooner than four months after students have entered the clinical phase of the program and no later than six months after graduation of the first class.

Failure of a program to achieve accreditation after its follow-up provisional visit requires that the program enter the accreditation process again via the provisional pathway.

F1 Provisional Accreditation Requirements

- F1.1 The parent institution must authorize the development of the PA program.
- F1.2 There must be a program director and a medical director responsible for the development of the program. These individuals must meet the qualifications for their roles.
- F1.3 If provisional accreditation status is granted, the program must not admit more students than the number for which it has been approved by the ARC-PA, based on its application.
- F1.4 The program must agree to inform, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants.

- F1.5 The program must submit, with its application for provisional accreditation, a descriptive narrative report as described in the application materials.
- F1.6 The chief academic officer of the sponsoring institution, or his designee, must sign the provisional accreditation application and descriptive narrative report, thus approving its content and verifying the institution's intent to implement and support the program as planned.
- F1.7 A detailed line item budget for the first three years of the program must be provided.
- F1.8 A copy of current or proposed promotional literature including the course of study and course descriptions, proposed tuition, and fees is required. Documentation should include the date that the information will be included in the institution's literature and should describe the current method for disseminating the information.

- F1.9 The curriculum design, sequencing, and evaluation methods must be complete for all clinical and didactic components of the program.
- F1.10 Course syllabi (course descriptions, learning objectives, and instruction methods) must be provided for the first 12 months of the program.
- F1.11 Methods of student evaluation must be articulated for each course in the first 12 months of the program.
- F1.12 Examples of evaluation instruments must be provided for each course in the first 12 months of the program.
- F1.13 Qualified faculty must be identified in sufficient number to provide instruction for the first 12 months of the program.
- F1.14 While all aspects of the program beyond the first 12 months are not required to be in place at the time of the site visit for provisional accreditation, plans and mechanisms for bringing the program into compliance with the *Standards* must be clearly articulated as required within the application.
- F1.15 The program must have identified prospective clinical sites sufficient in number to meet the needs of students.
- F1.16 The program must develop a written plan for an analytical self-study process.
- F1.17 Although no outcome data will be available at the time of the initial

review of materials, the program must submit a full plan for comprehensive program evaluation, including an assessment of outcomes.

- F1.18 An application and self-study report must be submitted to the ARC-PA at least six weeks before the follow-up site visit for accreditation occurs.

SECTION G: MAINTAINING ACCREDITATION

G1 Program and Sponsoring Institution Responsibilities

- G1.1 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, ultimately to an accreditation action of Accreditation Withdrawn.
- G1.2 The program must agree to a comprehensive review that may include a site visit as determined by the ARC-PA.
- G1.3 The program must submit self-study reports or progress reports as required by the ARC-PA.
- G1.4 The program must inform the ARC-PA in writing of changes in the program director, medical director, or core program faculty within 30 days of the date of the effective change.
- G1.5 The program must inform the ARC-PA in writing, no less than

six months prior to implementation, of any proposed change in the maximum aggregate student enrollment that will result in an increase of 15 percent or greater in maximum aggregate student enrollment, as compared to the program's most recent application for accreditation or as approved by the ARC-PA.

- G1.6 The program must inform the ARC-PA in writing of any intended program expansion to a different primary geographic location or of any additional secondary, geographically separate educational sites (satellite program).
- G1.7 The program must inform the ARC-PA in writing, no less than six months prior to implementation, of changes in the following:
- a) degrees or certificate granted at program completion
 - b) requirements for graduation
 - c) program length.
- G1.8 The sponsoring institution must inform the ARC-PA in writing of the intent to transfer program sponsorship in accordance with ARC-PA policy.
- G1.9 The program and the sponsoring institution must pay ARC-PA accreditation fees as determined by the ARC-PA.

DEFINITIONS

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

Core Faculty:	the program director, medical director, and at least 2 additional FTE positions occupied by no more than 4 individuals certified as PAs.
Distant Campus:	a campus geographically separate from the main PA program at which didactic or preclinical instruction occurs for all or some of the students enrolled.
Formative Evaluation	intermediate or continuous evaluation that may include feedback to help in achieving goals.
Instructional Objective:	a statement that describes what the learner will be able to do after completing a unit of instruction. Instructional objectives are related to intended outcomes not to the process for achieving those outcomes.
Maximum Aggregate Student Enrollment:	the maximum total number of students enrolled in the program, as recorded on the program's most recent accreditation application or as approved by the ARC-PA, regardless of the geographic location of the campus.
Must:	a term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
Physician Assistant (PA):	individuals who practice medicine with supervision by licensed physicians. As members of the health care team, PAs provide a broad range of medical services that would otherwise be provided by physicians. Physician assistants are qualified by graduation from an accredited physician assistant education program and/or certification by the National Commission on Certification of Physician Assistants. [Adopted 1980, reaffirmed 1990, reaffirmed by acclamation in 1993, amended 1991 and 1996; American Academy of Physician Assistants.

Prospective Students:	any individual who has requested information about the program or submitted information to the program.
Published:	(material) presented in written or electronic (Web) format.
Readily Available:	made accessible to others in a timely fashion via defined program or institution procedures.
Recognized Regional or Specialized and Professional Accrediting Agencies:	Liaison Committee on Medical Education American Osteopathic Association Middle States Association of Colleges and Schools New England Association of Schools and Colleges New York State Education Department North Central Association of Colleges and Schools Northwest Association of Schools and Colleges Southern Association of Colleges and Schools Western Association of Schools and Colleges
Should:	term used to designate requirements that are so important that their absence must be justified.
Sufficient:	enough to meet the needs of a situation or proposed end.
Student(s)	individuals enrolled in the professional phase of a PA program
Summative Evaluation:	a written objective assessment by the program of the learner toward the end of the program. This comprehensive review is intended to document the learner's integration of the knowledge, skills and attitudes necessary for professional practice.

CLARIFYING CHANGES MADE TO STANDARDS:

1/1/02	Section D, Section F, Definitions
3/9/02	Section A1.1, Definitions