



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

# **ARC-PA Selected Policies for Public Distribution**

**Effective May 6, 2011**

Revisions: Policy 6.1 (09.10.11)

These policies are provided as an informational resource for physician assistant program faculty, staff and the general public in reference to Commission activities directly related to program accreditation.



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

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**Category: Scope**

Initially Adopted: 01.01.2001

Review/Revision History: 03.9.2007

Cross-referenced to: Bylaws Article 1 Section 1.2

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**1.1 Scope of the Commission**

The ARC-PA:

- Is the recognized accrediting agency for Physician Assistant entry-level program education leading to the professional credential (PA) and provides accreditation services to institutions that sponsor PA programs
- Provides accreditation services to programs sponsored by institutions offering clinical postgraduate education programming



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Category: Scope  
Initially Adopted: 01.01.2001  
Review/Revision History: 09.2006, 03/2008  
Cross-referenced to:  
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## **1.2 Geographic Scope of Accreditation**

The ARC-PA only accredits qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States<sup>1</sup>, and where students are geographically located within the United States for their education.

The ARC-PA does not accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs.

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<sup>1</sup> the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island.



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**Category: Commission Composition, Selection, Election**

Initially Adopted: 01.01.2001

Review/Revision History: 09.09.2004

Cross-referenced to: Bylaws Sections 4.2(b), (c)

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**2.1 Commission Composition and Selection**

The bylaws of the Accreditation Review Commission on Education for the Physician Assistant require the ARC-PA commissioners to elect new commissioners from a list nominated by its collaborating organizations and the public commissioners nominated by the ARC-PA nominating committee.

The ARC-PA Executive Director notifies each collaborating organization in advance of the need to submit nominations for commissioners to the ARC-PA, or of the need to re-nominate a currently seated commissioner

Commissioner election and terms of service shall be consistent with the bylaws of the Commission.

An individual will not be eligible for election to or service on the commission if he/she

- Has a real or perceived conflict of interest with a currently sitting commissioner or with the actions, mission or values of the ARC-PA
- Currently serves on the board of directors of any of the collaborating organizations
- Is an employee of a collaborating organizations



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Category: Commission Composition, Selection, Election

Initially Adopted: 01.01.2001, 09.09.2004

Review/Revision History:

Cross-referenced to: Bylaws Sections 4.2(c); 4.3; Nomination Committee Charges/Responsibilities

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## **2.2 Election of Commissioners**

Commissioner election and terms of service shall be consistent with the bylaws of the Commission.

The nomination committee shall prepare ballots in accordance with its defined responsibilities for vote by the full commission. An individual is considered elected if he/she receives a simple majority of the commissioners voting.



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Category: Commission Composition, Selection, Election

Initially Adopted: 03.05.2011

Review/Revision History:

Cross-referenced to: Bylaws Section 4.1

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### **2.3 Commissioner Responsibility**

During the course of conducting the business of the ARC-PA, each commissioner has a fiduciary responsibility to the ARC-PA and should act in the ARC-PA's best interests in accord with the mission and philosophy of the ARC-PA.

Each Commissioner is expected to be familiar with and adhere to commission documents dealing with:

- Conflict of Interest
- Abstentions during the course of voting
- Reminder of Confidentiality
- Meeting attendance
- Assignments



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### **Category: Commissioner Qualifications**

Initially Adopted: 03.05.2011

Review/Revision History:

Cross-referenced to: Commissioner Responsibilities Document

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#### **3.1 Physician Commissioner Qualification**

The ARC-PA seeks to elect physicians, nominated by the physician collaborating organizations of the ARC-PA, who should be familiar with Physician Assistants in a work setting and, ideally, teach in a program (didactical or clinical) or who currently serve as a PA program medical director. If not in PA education, a background in program accreditation (Joint Commission, allied health, residency, etc.) would give additional understanding to the Commission's work (and workload).

An individual elected as an ARC-PA Commissioner may not serve on the board of directors of collaborating organizations (CO) -- or be an employee of the collaborating organizations.



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Category: Commissioner Qualifications  
Initially Adopted: 03.05.2011  
Review/Revision History:  
Cross-referenced to: Commissioner Responsibilities Document  
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### **3.2 Dean Commissioner Qualification**

The ARC-PA seeks to elect a self-nominated individual who is a full Dean of a school of health professions, medical school, institutions of higher education or degree granting health care institution which may or may not have oversight responsibility of a PA program.

The dean member may not derive his or her livelihood from the Physician Assistant profession.



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Category: Commissioner Qualifications  
Initially Adopted: 03.05.2011  
Review/Revision History:  
Cross-referenced to: Commissioner Responsibilities Document  
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### **3.3 Public Commissioner Qualification**

The ARC-PA seeks to elect self-nominated individuals to serve as a consumer advocates, representing the public interest in relation to the accreditation of physician assistant programs.

The public member may not be a physician, a physician assistant or a faculty member within a PA program.

The public member may not derive his or her livelihood from the Physician Assistant profession. Those working in educational administration, health-related organizations and the accreditation community are eligible for consideration.



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Category: Commissioner Qualifications  
Initially Adopted: 03.05.2011  
Review/Revision History:  
Cross-referenced to: Commissioner Responsibilities Document  
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### **3.4 At-Large Commissioner**

The ARC-PA seeks to elect physician assistants, educators, physicians or administrators, nominated by the physician assistant (AAPA, PAEA) collaborating organizations of the ARC-PA, ideally currently serving as a program director, medical director or, teaching in a program (didactical or clinical) or who are clinically practicing Physician Assistants. Familiarity with PA program education or accreditation experience, while beneficial is not a requirement for consideration.

An individual who has been elected as an ARC-PA Commissioner may not serve on the board of directors of collaborating organizations (CO) -- or be an employee of the collaborating organizations.



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## **Category: Internal Operations**

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to:

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### **5.1 Confidential Documents and Information**

The ARC-PA is sensitive to the need both for maintaining the confidentiality of, and for disclosing certain information and documents acquired during the accreditation process and in the course of conducting the business of the commission.

#### Confidential Documents/Information

The following documents and information contained therein are considered privileged and confidential in order to ensure candid disclosure and, thereby protect the integrity of the accreditation process.

The following documents and the information must not be copied, discussed, published or otherwise disclosed, in whole or in part, except as required for ARC-PA accreditation procedures, with the consent of the affected PA program, or as required by law:

- Program accreditation files
- Program completed accreditation materials
- Completed site visit reports
- ARC-PA required reports submitted by programs
- Correspondence related to the accreditation decisions/process between the ARC-PA, programs and site visitors
- Minutes of regular or special meetings of the ARC-PA
- Information and correspondence relating to concerns about program quality
- Information and correspondence relating to requests for reconsideration of an adverse accreditation action
- Information and correspondence relating to any appeal of an adverse accreditation action
- Blank and completed site visit worksheets and related materials
- Documents associated with the business of the commission not otherwise approved for distribution to the general public or the collaborating organizations of the ARC-PA. Examples of confidential documents include but are not limited to, financial reports, legal documents, business plan etc.
- Confidentiality of the whistleblower related documents
- Financial Records
- Personnel Records
- Inter-organizational
- Electronic documents or passwords



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- Concern Documents
- Any other documents deemed confidential

Any ARC-PA document or information not specifically addressed by this policy should be considered confidential. Any questions about the confidentiality of any documents should be referred to the ARC-PA executive director.

The executive director in discussion with the chair shall have the authority to deem certain documents and pieces of information as public.



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Category: Internal Operations  
Initially Adopted: 01.01.2001  
Review/Revision History: 09.14.2002, 08.29.03, 03.05.2011  
Cross-referenced to: Policy 3.3 Public Commissioner Qualification  
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### **5.3 Conflict of Interest**

The accreditation process is an evaluative one, not a consultative one. ARC-PA representatives, by virtue of their education, experience and position, are presented with opportunities to provide factual information and to offer professional and/or technical advice or opinion to faculty, staff, administrators, students, and other parties involved in the planning, development and operation of PA educational programs. ARC-PA representatives must take precautions to ensure that they do not serve in a consultative role, thus creating a potential conflict of interest.

In order to avoid actual conflicts of interest, or even the appearance of such conflicts, the following policy has been adopted for ARC-PA commissioners, staff and site visit team members (collectively, ARC-PA representatives).

ARC-PA representatives:

1. Shall not participate in consultative activities related to PA program accreditation to any program subject to ARC-PA accreditation, even if not for personal gain, outside the context of fulfilling usual commission or staff responsibilities. Such activities shall not be conducted while a representative of the ARC-PA or for one year thereafter.
2. Shall not participate in consultative activities related to PA educational program accreditation that might be construed to be part of the accreditation process.
3. Shall not participate in a site visit, in deliberations concerning accreditation actions at a regular or special meeting, as part of an appeal, or in a vote regarding any of the following:
  - a) A program with which the ARC-PA representative or an immediate family member is or recently has been connected as a student, faculty member, administrative officer, staff member or agent;
  - b) A program located in the same sponsoring institution as the program of the ARC-PA representative or an immediate family member;
  - c) A program which has substantial cooperative, competitive or contractual relationship with the program of the ARC-PA representative or an immediate family member;



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- d) A program which has engaged the ARC-PA representative or an immediate family member to act as a consultant on behalf of the program within the past three years;
  - e) A program in which the ARC-PA representative or an immediate family member has any financial, political, professional or any other interest that may conflict with the interests of the ARC-PA.
- 4) May not act for or on behalf of the ARC-PA without authorization by the executive director or Chair of the ARC-PA. This does not preclude representatives of the ARC-PA from reporting non-confidential information regarding ARC-PA activities to appropriate collaborating organizations.
  - 5) Will not accept personal compensation for ARC-PA related speaking assignments or other activities, except for reimbursement for reasonable related expenses
  - 6) Shall disclose real, perceived or potential conflicts of interest as appropriate or when requested

#### Definitions

- a) ARC-PA representative: an ARC-PA commissioner, staff member or site team member
- b) Immediate family member: a spouse, life partner, child, parent or sibling of an ARC-PA representative
- c) Consultation: the provision of advice to another PA program on such matters as program development or evaluation, organizational structure or design, and institutional management or financing. This term is not meant to exclude the provision of short-term educational service, e.g., guest lecturer.

#### ARC-PA Discretion

When a question arises in the mind of an ARC-PA representative regarding a potential conflict of interest, the question shall be brought to the ARC-PA executive director who, in discussion with the chair, will make a final determination.

Whenever in these guidelines a term is not expressly defined, the definition of such term and its potential for creating a conflict of interest shall be at the sole discretion of the ARC-PA executive director in discussion with the chair.



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Category: Internal Operations  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Policy 4.3 Committee on Self-Assessment  
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#### **5.4 Continuous Quality Improvement**

The ARC-PA evaluates its policies and procedures for the purpose of continuous quality improvement.

The ARC-PA objectively evaluates the effectiveness of the accreditation process through both systematic monitoring and focused studies that assess quality of both accreditation process and outcome.

In all quality improvement actions, the ARC-PA maintains confidentiality of educational institutions and PA programs.

The standards for quality include consistency of accreditation decisions with the *Standards*, compliance with ARC-PA policies and procedures, observance of fair treatment, and maintenance of the validity and reliability of the process in assessing educational outcome.

The ARC-PA uses the following methodologies of quality improvements including, but not limited to:

- self-evaluation
- self-study and analysis
- periodic review of the accreditation decision making process
- review of information gathered from programs
- focused studies of important aspects of accreditation
- providing feedback to the site visit team

When opportunity for improvement is identified by quality improvement activity, the ARC-PA develops corrective action plans and monitors implementation of those plans and resultant changes.



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Category: Internal Operations  
Initially Adopted: 01/01/01  
Review/Revision History:  
Cross-referenced to:  
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## **5.5 Fair Practices in Educational Accreditation**

The ARC-PA, complies with fair practice standards in educational accreditation. The commission endorses and adheres to the Association of Specialized and Professional Accreditors (ASPA) Member Code of Good Practice.



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Category: Internal Operations

Initially Adopted: 01.01.01

Review/Revision History:

Cross-referenced to:

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## **5.6 Fair Business Practices**

The ARC-PA, complies with principles of fair business practices.

The ARC-PA policy and business practices are designed to reasonably assure timely, equitable and fair treatment of the institutions and individuals it serves.



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Category: Internal Operations  
Initially Adopted: 03.10.2006  
Review/Revision History:  
Cross-referenced to: Research Procedure  
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## **5.7 ARC-PA Research Policy**

The purpose of this research policy is to guide the development, conduct, and publication of research associated with ARC-PA accreditation activities.

### **Definition of Research**

For the purpose of this policy, research is defined as a systematic investigation for the accumulation of scientific knowledge. This policy is in effect whenever ARC-PA resources are used for such an investigation.

### **Eligibility**

Only those authorized by resolution of the commission may have access to ARC-PA resources in the conduct of research. Such research shall be conducted consistent with the purposes and values of the ARC-PA.

ARC-PA reserves the right to set priorities among areas of research interest.



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Category: Internal Operations  
Initially Adopted: 01.01.01  
Review/Revision History: 03.05.2011  
Cross-referenced to:  
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## **5.8 Spokesperson for the ARC-PA**

The Executive Director is the official spokesperson for the organization.



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Category: Internal Operations  
Initially Adopted: 09.07.2007  
Review/Revision History:  
Cross-referenced to:  
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### **5.9 Use of ARC-PA Logo by Programs and Sponsoring Institutions**

The ARC-PA logo is the exclusive property of ARC-PA. The ARC-PA allows accredited programs and their sponsoring institutions to use the ARC-PA logo in publications and displays. All other entities must obtain permission from the ARC-PA prior to use of the logo. All users must adhere to the following:

1. The logo must be used in its entirety and not modified except that it may be reduced or enlarged to suit the use. The scale of the elements must be retained.
2. The logo may be reproduced in black and white.
3. The logo may NOT be used by programs that have applied for, but not yet received accreditation.
4. When programs that are not accredited by the ARC-PA are included in the publication and/or displays then accompanying text must be included clarifying which programs are ARC-PA accredited.
5. Use of the logo shall be subject at all times to revocation and withdrawal by ARC-PA when, in its sole judgment, its continued use would not serve the best interests of ARC-PA or the public.



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Category: Internal Operations

Initially Adopted: 03/2008

Review/Revision History:

Cross-referenced to: Policy 5.1 Confidential Documents and Information

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## **5.10 ARC-PA Whistleblower Policy**

### Reporting Responsibility

It is the responsibility of all officers, commissioners, representatives/designees and employees to comply with high standards of business and personal ethics and to report violations or suspected violations of law, regulations and policies or any material accounting or auditing matter. .

### Acting in Good Faith

Anyone filing a complaint pursuant to the whistleblower policy must be acting in good faith and have reasonable grounds for believing the matter raised may constitute a violation of law, regulations, policies or a material accounting or auditing matter.

### Confidentiality

Concerns of violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Such concerns will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to inform the ARC-PA Treasurer of material accounting or auditing practices and to respond to any law enforcement or regulatory authority, as required by law.



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Category: Internal Operations  
Initially Adopted: 03.05.2011  
Review/Revision History:  
Cross-referenced to:  
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## **5.11 Consultation**

The ARC-PA does not:

- Provide consultation services but is available to answer questions regarding accreditation processes and procedures.
- Maintain a list of individual consultants and does not recommend any individuals when asked.



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**Category: Concerns**

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.201, 09.10.11

Cross-referenced to: Policy 5.1 Confidential Documents and Information

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**6.1 Concerns about Program Compliance with Policies and/or Standards**

The ARC-PA will investigate, according to its procedures, concerns regarding PA programs only if the concern contains facts or allegations that, if substantiated, may indicate that the program is not following established ARC-PA policies or does not comply with accreditation *Standards*.

The ARC-PA will only consider concerns submitted in writing and signed. The ARC-PA procedures provide programs with an opportunity to respond to the nature of the concern.

These procedures also protect the confidentiality of individuals, information and results of the investigation of concerns.

The ARC-PA will not take any action based on an anonymous concern. The ARC-PA will not intervene on behalf of an individual concerned about program or institutional issues and will not serve to mediate or determine the results of disputes between program applicants, students or faculty and the PA program or institution.

Where a complainant has threatened or filed an administrative or legal action against the PA program or institution involved, the ARC-PA may exercise its discretion in deciding whether to defer action on the concern until such time as ARC-PA receives notice that the administrative or legal action has been resolved.



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Category: Concerns

Initially Adopted: 01.01.2001

Review/Revision History: 09.2004; 03.05.2001

Cross-referenced to: Policy 5.1 Confidential Documents and Information

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## **6.2 Concerns about the ARC-PA**

ARC-PA policy is to protect the confidentiality of individuals, information and results of the investigation of concerns.

Concerns about the ARC-PA relating to accreditation standards, accreditation criteria, or procedures must be submitted in writing and signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the Executive Director and his/her written comments and the original complaint will be referred to the chair and legal counsel for further investigation, action or disposition. The complainant will be apprised of the status of the complaint throughout the process.

Concerns about the ARC-PA Executive Director must be submitted in writing to the chair and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the chair and legal counsel for further investigation including a response from the Executive Director, culminating in action or disposition. If it is determined that further investigation is required and depending on the nature of the complaint, results of the investigation and any recommendations for action shall be discussed with the executive committee.

Concerns about the ARC-PA staff must be submitted to the Executive Director in writing and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the Executive Director (who may consult with legal counsel) and discussed with the individual(s) in question. Prior to final resolution the Executive Director may report to the chair the details of the complaint, investigation and proposed resolution.



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Category: Concerns  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: 5.1 Confidential Documents and Information  
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### **6.3 Concerns about a Site Visit**

ARC-PA policy is to protect the confidentiality of individuals, information and results of the investigation of concerns.

If a program has complaint(s) about the ARC-PA relating to the conduct of a site visit team or any of its members, such concerns should be shared with the executive director by the program director. Anonymous concerns will not be accepted.

Such concerns will be reviewed by ARC-PA and may be discussed with the site visitor/s.



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**Category: Finances**

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Bylaws Article 10

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**7.1 Fiscal Year**

The fiscal year of the ARC-PA shall be July 1 through June 30.



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Category: Finances

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: 7.4 Accounting Policy, Bylaws Section 5.12 Treasurer

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## **7.2 Budget**

The Treasurer shall prepare or cause to have prepared an annual operating budget for the ARC-PA. The budget is presented to the commission and approved at its spring meeting.



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Category: Finances  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Policy 4.5 Committee on Finance  
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## **7.11 Fees**

The ARC-PA determines and charges fees associated with operations of the business. Fees include but are not limited to:

- Annual Program Fee
- Continuing Accreditation Application Fee
- Provisional Accreditation Application Fee
- Administrative Application Review Fee for Clinical Postgraduate Programs
- Special Visit Fee
- Cancellation of Visit Fee
- Appeals Fee
- Collaborating Organization Fee



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**Category: Education Standards**

Initially Adopted:

Review/Revision History:

Cross-referenced to: Bylaws Article 1 Section 1.2, & Article 7

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**8.1 Accreditation Standards Criteria**

The *Standards* reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice.

The *Standards* allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals and student learning outcomes.

Mastery of learning outcomes is essential to preparing students for entry into clinical practice.



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Category: Education Standards  
Initially Adopted: 01.01.01  
Review/Revision History: 03.2002  
Cross-referenced to: Bylaws Article 6 Section 6.3 (c)  
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## **8.2 Accreditation Standards Review Cycle for Entry Level Programs**

The ARC-PA develops and revises its standards for accreditation through a process of study and debate. When substantive revisions are considered, the ARC-PA encourages input from collaborating organizations and other key stakeholders.

The *Standards* are reviewed regularly on a five-year review cycle.

The Standards Review Committee:

1. solicits input from the key stakeholders
2. reviews input and suggests changes for presentation and discussion by the commission
3. finalizes a draft for distribution to and comment from key stakeholders
4. reviews feedback and proposes a reconciled version for discussion and review by the commission

ARC-PA adopts and publishes a new edition of the Accreditation *Standards* for Physician Assistant Education.

The commission may make technical, grammatical and clarifying changes to the *Standards* at any time.



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**Category: Accreditation Related**

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 1.1 Scope of the Commission

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**9.1 Program Accreditation**

The accreditation process is voluntary and initiated at the invitation of the sponsoring institution and PA program.

ARC-PA does not accredit any academic degree awarded by the sponsoring institution of the PA program. The sponsoring institution is solely responsible for determining which, if any, specific academic degree to award.



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Category: Accreditation Related  
Initially Adopted: 01.01.2001  
Review/Revision History: 09.08.2006; 09.2009; 03.05.2011  
Cross-referenced to: Bylaws Article 1 Section 1.2  
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## **9.2 Accreditation Status**

The ARC-PA awards eight statuses of accreditation:

- Provisional Accreditation
- Continued Accreditation
- Probationary Accreditation
- Administrative Probationary Accreditation
- Accreditation Withheld
- Accreditation Withdrawn
- Voluntary Inactive Status
- Initial Accreditation for Clinical Postgraduate Programs

### Provisional Accreditation

Provisional accreditation is an accreditation status for emerging programs that have not yet enrolled students but, at the time of the comprehensive review, has demonstrated its preparedness to initiate a program in accordance with the *Standards*. The granting of provisional accreditation indicates that the plans and resource allocation for the proposed program appear to demonstrate the program's ability to meet the *Standards*, if fully implemented as planned.

Provisional status is limited to no more than three years for any program.

Programs applying for Provisional Accreditation are not eligible to propose a distant campus as part of the application process.

Provisionally accredited programs are not eligible to expand to a distant campus while provisionally accredited.

Initial Provisional Accreditation reviews are conducted during the calendar year prior to enrollment of the charter class of students.

Provisional Accreditation does not ensure any subsequent accreditation status.



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### Continued Accreditation

Continued accreditation is an accreditation status granted when a currently accredited program is in compliance with the *Standards*, in the case of a program holding Probationary Accreditation when the program has demonstrated that it is once again in compliance with the *Standards*, or when a program holding Provisional Accreditation demonstrates compliance with the *Standards* after its follow-up provisional visit.

Continued Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*.

### Probation Accreditation

Probationary accreditation is a temporary status of accreditation granted when a program does not meet the *Standards* and when the capability of the program to provide an acceptable educational experience for its students is threatened. Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having its accreditation withdrawn.

### Administrative Probation Accreditation

Administrative probationary accreditation is a temporary status granted when a program has not complied with an administrative requirement, such as failure to pay fees or submit required reports. Once placed on Administrative Probation, a program that fails to comply with administrative requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having its accreditation withdrawn.

### Accreditation Withheld

Accreditation withheld is a status granted when an entry level program seeking provisional accreditation, or a clinical postgraduate PA program seeking initial accreditation is not in compliance with the *Standards*.

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.



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#### Accreditation Withdrawn

Accreditation withdrawn is a status granted when an established program is determined no longer to be in compliance with the *Standards* and is no longer capable of providing an acceptable educational experience for its students, or when the program has failed to comply with ARC-PA accreditation requirements, actions or procedures

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

#### Voluntary Inactive Status

Voluntary inactive status is a status that may be granted to programs that temporarily suspend instruction and cease to matriculate students

#### Initial Accreditation for Clinical Postgraduate Programs

Initial accreditation for clinical postgraduate programs is a status granted when a new clinical postgraduate program is in compliance with the *Standards for Clinical Postgraduate Programs*

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*, or ARC-PA requirements or procedures.



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

Category: Accreditation Related  
Initially Adopted: 01.01.2001  
Review/Revision History: 09.14.2002  
Cross-referenced to: Bylaws Article 1 Section 1.2 (c)  
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### **9.3 Accreditation Decision Process**

Decisions on accreditation actions are made by a majority vote of ARC-PA commissioners at a regular or special meeting at which a quorum is present. Adverse actions such as probation or withdrawal of accreditation require a two-thirds vote. The ARC-PA makes final accreditation decisions based on its overall professional judgment, rather than as individual commissioners recording their independent votes on a program. Therefore, the ARC-PA reports its decisions, not its votes.

Each program considered for accreditation action is assigned to two ARC-PA commissioners as primary and secondary reviewers. These commissioners review the program's application materials as submitted to the ARC-PA, the site visitors' report, and the program's response, if any. Their review of these materials is directed at the program's compliance with the *Standards*. Each commissioner presents his or her recommendations to the ARC-PA based on review of the materials. Following the presentations and commission discussion, the ARC-PA votes on a motion regarding the accreditation status of the program, the next scheduled comprehensive review and any requirements for progress reports or special visits.



*Accreditation Review Commission on Education  
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Category: Accreditation Related  
Initially Adopted: 01.01.2001  
Review/Revision History:  
Cross-referenced to: Policy 9.2 Accreditation Status  
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#### **9.4 Accreditation Actions**

ARC-PA bases accreditation actions on information contained in the application and self-study or descriptive report submitted to the ARC-PA, the report of the site visit team, the program response, if provided, and the program accreditation history and commission review and discussion. Accreditation actions also may be made on the information contained in required progress reports.



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Category: Accreditation Related  
Initially Adopted: 01.01.01  
Review/Revision History:  
Cross-referenced to: Policy 9.2 Accreditation Status  
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## **9.5 Deferral of Accreditation Action**

The ARC-PA may defer a decision on the accreditation status of a program until no later than the next regular meeting of the Commission.

When a decision is deferred,

- the program retains its current accreditation status until a final decision is made.
- the rationale for the deferral is communicated to the program.



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Category: Accreditation Related  
Initially Adopted: 01.01.01  
Review/Revision History:  
Cross-referenced to: Accreditation Manual  
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## 9.6 Terminology used to convey accreditation related activity of the Commission

### Citation

A formal statement referenced to a specific standard noting the area in which the program failed to demonstrate compliance with that referenced standard.

### Note

An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the *Standards*. The purpose of the “note” is to clarify the issue of noncompliance with a specific standard for the program and not to specify “how to” comply with the cited standard.

### General/Additional Comment(s)

Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA that may or may not be linked with a specific standard(s) that conveys a concern or expresses congratulatory comments. The purpose of the “Additional Comment(s)” is to clarify for the program a more global issue between the ARC-PA and the program but not to give advice or specify “how to” resolve the issue(s).

### Observation

A written statement by the site visit team notifying the ARC-PA that the team was unable to validate information provided in the materials as submitted by the program or that the program failed, in writing or in person, to sufficiently demonstrate compliance with the standard.

### Accept

A term used in an official ARC-PA correspondence, most often following the review by the commission of a required report submitted by a program, communicating that the report was received favorably, but which does not imply that the program is now compliant with the *Standards*. An additional report may be required.

### Acknowledge

A term used in an official ARC-PA correspondence, most often following the review by the commission of a correspondence from a program, notifying the commission of a program change. The term is used to inform the program that it has “taken notice of” the change but does not imply that the Commission approves the change or that the change is compliant with the *Standards*.



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Approve(d)

A term used in an official ARC-PA correspondence, most often following the review by the commission of a correspondence/response from a program, that the ARC-PA has given formal or official sanction to the declared response/change. By its nature, approval implies that the program's action is in compliance with the *Standards*.

Receive as information

A term used in an official ARC-PA correspondence, most often following the review by the commission of a correspondence from a program, notifying the commission of a program change which does not require official notification of the ARC-PA, and is not related to compliance with the *Standards*, but which is provided as a courtesy.



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Category: Accreditation Related  
Initially Adopted: 01.01.01  
Review/Revision History:  
Cross-referenced to:  
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## **9.7 Warning Letter**

If the ARC-PA finds a required report submitted by a program to be deficient, it may choose to inform the program director and dean or program director's supervisor that the ARC-PA has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. This "warning" is not considered an accreditation action, and, therefore is not subject to appeal.



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

Category: Accreditation Related

Initially Adopted: 01.01.01 Review/Revision History:

Cross-referenced to: Policy 5.5 Fair Practices in Educational Accreditation

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## **9.8 Notification of an Accreditation Action**

The Executive Director of the ARC-PA notifies each program in writing of the accreditation action.

Notification of accreditation includes the action taken by the ARC-PA, the maximum number of students approved for the program (as indicated by the program on its application or as adjusted by the commission during its review of the program), information concerning any required reports, and the approximate time for the next comprehensive review of the program.

Notification letters are addressed to the program designated senior institutional official of the sponsoring institution and copies are mailed to the program director and his/her immediate supervisor.



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Category: Accreditation Related

Initially Adopted: 01.01.01

Review/Revision History:

Cross-referenced to: Policy 5.5 Fair Practices in Educational Accreditation

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## **9.9 Public Notification of Program Accreditation Status by ARC-PA**

The ARC-PA provides accurate information to the public about a program's accreditation status through electronic and print media and upon request or as required by law. Public information includes accreditation status, the date the program was first accredited and the anticipated date of the next review for the program.

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing an appeal, the ARC-PA informs those inquiring that the program's accreditation status remains as it was prior to the appeal. The ARC-PA does not indicate that an appeal has been filed but, depending on the nature of the request, may indicate that the commission has not completed its most recent review of the program. Further questions are referred to the program or its sponsoring institution.



*Accreditation Review Commission on Education  
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Category: Accreditation Related

Initially Adopted: 01.01.01

Review/Revision History:

Cross-referenced to: Policy 5.5 Fair Practices in Educational Accreditation; Accreditation Manual

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## **9.10 Disclosure of Probationary Status**

While Probation is a time-limited accreditation status, if not resolved it may have severe consequences for students and potential students. If a verbal, written or electronic inquiry is received by the ARC-PA staff or representative regarding the status of a program currently on probation, the following information will be released:

- The fact that the program is accredited.
- The fact that the program is on probation.
- The definition of probation (that at its most recent review, the program was found not to be in compliance with the *Standards* and that the capability of the program to provide an acceptable educational experience for its students is threatened.).
- The anticipated date of the next review for the program.

Further questions are referred to the program or its sponsoring institution.

The accreditation status of each program is posted on the ARC-PA web site.



*Accreditation Review Commission on Education  
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Category: Accreditation Related

Initially Adopted: 01.01.01

Review/Revision History:

Cross-referenced to: Policy 5.5 Fair Practices in Educational Accreditation

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## **9.11 Student Notification of an Adverse Action**

Programs must notify students and applicants in the case of adverse actions according to procedures defined in the ARC-PA Accreditation Letter sent to the sponsoring institution and program.

If a program fails to comply, the ARC-PA takes appropriate action to ensure that students are notified of the program's current accreditation status. Any costs incurred by the ARC-PA if the program fails to comply are billed to the program and the program may be subject to further accreditation action.



*Accreditation Review Commission on Education  
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Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 03.09.2002, 03.07.2008

Cross-referenced to: Policy 5.5 Fair Practices in Educational Accreditation; Accreditation Manual

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## **9.12 Accreditation Actions Subject to Appeal**

The following adverse actions by the ARC-PA affect a PA program's accreditation status and are subject to appeal pursuant to the ARC-PA's Appeal Procedures.

1. refusal to consider a program for accreditation
2. withholding of accreditation
3. assignment of probationary status
4. withdrawal of accreditation

Any appeal must be based upon the time and the circumstances that triggered the ARC-PA adverse action (e.g., a reaccreditation comprehensive review, provisional application, required report, etc.). Descriptions of program changes made since that time will not be considered.

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification.



*Accreditation Review Commission on Education  
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Category: Accreditation Related  
Initially Adopted: 01.01.01  
Review/Revision History: 09.04.2004, 03.05.2011  
Cross-referenced to:  
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### **9.13 Modification of Commission Action**

Circumstances may arise that cause the ARC-PA to modify an accreditation action. This may occur before or after written notification of official ARC-PA action has been conveyed to the program. Such modification shall occur no later than 30 days after written notification. As appropriate, the program will be included in timely correspondence.

Depending upon the nature of the proposed modification, the chair or designee will determine the procedure to be used in addressing the proposed modification.

A modification cannot result in an assignment of a more severe adverse action.

Any changes to accreditation actions made outside of a regular meeting will be conveyed in writing to the commissioners. Modifications will be noted in an addendum to the minutes of the appropriate commission meeting.



Accreditation Review Commission on Education  
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Category: Accreditation Related  
Initially Adopted: 04.24.2009  
Review/Revision History: 09.10.2010, 03.05.2011  
Cross-referenced to:  
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## 9.14 Expedited Review

In an effort to provide timely review and streamline the workload of the commission, certain documents that need commission review may be processed through Expedited Review. Those documents include:

- Program report
- Program Change as defined by the *Standards*

Results of all expedited reviews will be reported at the next commission meeting.

The commission, executive director or commission chair may request that a progress report, program change or program report be reviewed in an expedited manner.

Files that qualify for expedited review are assigned to commissioners for review by the executive director.

Required documents /reports addressing the following areas may be reviewed in an expedited manner:

- Curriculum vitae
- Announcement and advertisements
- Syllabus or course objectives
- Proof of faculty or staff hire
- Adequacy of clinical experiences
- Curriculum issue(s)
- Response to citation(s)
- NCCPA results

The information provided must be succinct and sufficiently detailed to allow the reviewer to render a decision without the need for additional information. The reviewer can request a follow-up report if there is a belief that an issue(s) would benefit from continued monitoring by the commission. The reviewer may take one of the following accreditation actions based on the expedited review:

- Accept report
- Receive as information

If the commissioner believes the materials submitted by the program are unclear or if the commission is not able to render a decision without additional information, the report will be referred to the full commission for review and decision.



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The following **program changes** may be reviewed in an expedited manner:

- Degree change
- Program length
- Student capacity
- Graduation requirements
- Program expansion (excluding expansion to a distant site)

The information provided must be succinct and sufficiently detailed to allow the reviewer to render a decision without the need for additional information. The reviewer can request a follow-up report if there is a belief that an issue(s) would benefit from continued monitoring by the commission. The reviewer may take one of the following accreditation actions based on the expedited review:

- Acknowledge/approve change
- Receive as information

If the commissioner believes the materials submitted by the program are unclear or is not able to render a decision without additional information, the program change will be referred to the full commission for review and decision.



*Accreditation Review Commission on Education  
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**Category: Program Specific**

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Standards Section C, Accreditation Manual

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**10.1 Program Self-Assessment**

The ARC-PA embraces the self-assessment process as an integral part of accreditation.

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes.

This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference.

A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites.

The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.



*Accreditation Review Commission on Education  
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Category: Program Specific  
Initially Adopted: 01.01.01  
Review/Revision History: 03.05.2011  
Cross-referenced to: Accreditation Manual, Standards Section E  
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## **10.2 Required Reports**

A program may be required to submit report(s):

- Indicating the manner in which the citations have been addressed/resolved and details about how the program plans to assure compliance in the future.
- Describing the results of efforts at corrections that were in progress at the time of the site visit/comprehensive review.
- Providing additional information in follow-up to a previously submitted report or approved substantive program change.
- Providing information required by the *Standards*.

The ARC-PA specifies the information to be provided and a specific due date for the report.



*Accreditation Review Commission on Education  
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Category: Program Specific  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Standard E 1.03  
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### **10.3 Noncompliance with Accreditation Actions or Procedures**

The ARC-PA may withdraw accreditation of a program, regardless of its current accreditation status, under the following circumstances:

- The program director/institution refuses to comply with one or more ARC-PA accreditation actions or procedures, including refusal to:
  1. undergo a site visit.
  2. follow directives associated with an accreditation action.
  3. supply the ARC-PA with requested information.
- The program has submitted falsified information to the ARC-PA.
- The program has demonstrated grossly unethical business or educational practices such that the students are in jeopardy.
- An entry-level program has been inactive (see inactive status Policy 10.6) for more than one year.
- A clinical postgraduate program has been inactive for more than three years.
- The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities or funding, such that the program no longer complies with the *Standards*.



*Accreditation Review Commission on Education  
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Category: Program Specific  
Initially Adopted 03.05.2010  
Review/Revision History: 03.05.2011  
Cross-referenced to: Standard A1.03h  
Page 1 of 1

#### **10.4 Curriculum Teach Out**

Programs no longer accredited but which remain actively engaged in delivering the curriculum to currently matriculated students are expected to teach out the curriculum in accordance with the *Standards* or to assist students in transferring to another ARC-PA accredited program in which they can continue their education.



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Category: Program Specific  
Initially Adopted: 01.01.2001  
Review/Revision History:  
Cross-referenced to: Standards Section E  
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## **10.5 Transfer of Sponsorship**

The sponsoring institution must inform the ARC-PA in writing using ARC-PA designed forms, of the intent to transfer program sponsorship as soon as it begins considering transfer.

Transferring sponsorship of a PA program accredited by the ARC-PA is initiated at the request of the chief executive officer or designated representative of the institution sponsoring the currently accredited PA program.

Transferring sponsorship of a program to an institution with or without a currently accredited PA program requires that the program being transferred remain in compliance with accreditation standards before, during and after the transfer period. Completion of the “Request to Transfer Sponsorship” is required. Additional documentation may be requested and a special visit may be required before transfer of sponsorship is approved.

Transfer of sponsorship may result in a reconsideration of the program’s accreditation status or an earlier scheduling of the next site visit for the program requesting transfer of sponsorship.



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Category: Program Specific  
Initially Adopted: 01.01.2001  
Review/Revision History:  
Cross-referenced to: Policy 9.2 Accreditation Status  
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## **10.6 Voluntary Inactive Status**

Voluntary Inactive is a status that may be awarded to programs that temporarily suspend instruction and cease to matriculate students. Programs requesting inactive status must abide by the following:

- Programs must provide a reason for requesting inactive status.
- Programs may not matriculate, enroll or instruct students while on inactive status.
- The date of the next scheduled site visit is not changed due to inactive status, unless such change is requested in advance by the program and approved by the ARC-PA..
- Programs on inactive status are required to pay all ARC-PA designated dues and fees for accreditation services.
- Programs on inactive status are required to complete all required reports, including the ARC-PA annual program report.
- Inactive status is limited to one year for entry level programs and three years for clinical postgraduate programs, after which accreditation of the program may be withdrawn by the ARC-PA or voluntarily surrendered by the program..

Programs requesting to become active within the one- or three-year period will be evaluated on a case-by-case basis by the ARC-PA. Depending on the changes in the program since becoming inactive, the program may be scheduled for a comprehensive or focused visit, or may be required to reenter the accreditation process via the provisional (for entry level programs) or initial (for clinical postgraduate programs) accreditation pathway.



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Category: Program Specific  
Initially Adopted: 01.01.2001  
Review/Revision History:  
Cross-referenced to: Standards E 11 Finances, Policy 7.11 Fees  
Page 1 of 1

### **10.7 Delinquency of Payment of Fees Assessed to Programs**

Programs that are delinquent in payment of fees are not eligible for accreditation review and will be placed on “administrative probation” until the fees have been paid.

The program may be subject to withdrawal of accreditation if fees have not been paid within sixty days of notification of delinquency. Withdrawal of accreditation based on delinquency of payment is not appealable.



*Accreditation Review Commission on Education  
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## **Category: Site Visit**

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to: Accreditation Manual

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### **11.1 Types of Site Visits**

#### **Comprehensive Visits**

Comprehensive Visits are conducted to programs entering the accreditation process and to programs that have successfully achieved accreditation. They are conducted at the direction of the Commission, with or without interim progress reports or focused visits. An application is required with each comprehensive visit. Site visit teams are assigned to each comprehensive visit. A report of the visit is written for consideration and action by the ARC-PA.

#### **Focused Visits**

Focused visits may be conducted at any time to evaluate a specific problem(s) identified by the site visit team or the ARC-PA. Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are made by specialist visitor(s), which must include commissioner(s) of the ARC-PA or ARC-PA staff. A report of the visit is written for consideration and action by the ARC-PA.

#### **Mandatory Re-visits**

Mandatory re-visits are comprehensive visits conducted within 18 months of a program being placed on probation. Each mandatory re-visit includes an ARC-PA commissioner on the site visit team. A report of the visit is written for consideration and action by the ARC-PA.

#### **Initial Provisional Visits**

Initial provisional visits are conducted at new, developing programs during the 12 months prior to enrollment of the charter class of students. An ARC-PA commissioner is assigned to each provisional site visit team. Provisional visits evaluate a program's readiness to matriculate students into the program and a program's readiness for the program curriculum beyond the first 15 months. A report of the visit is written for consideration and action by the ARC-PA.



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### **Follow-up Provisional Visits**

Follow-up provisional visits are made to 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. The ARC-PA retains the right to require an earlier follow-up provisional visit. A report of the visit is written for consideration and action by the ARC-PA. Failure of a provisionally accredited program to achieve accreditation within the specified time will result in withdrawal of accreditation.

### **Initial Clinical Postgraduate Visits**

Initial clinical postgraduate visits are conducted for clinical postgraduate PA programs entering the accreditation process. These visits are conducted by a visitor selected from a pool of visitors specifically prepared to conduct visits to clinical postgraduate programs. Visitors may include an ARC-PA Commissioner or staff member. A report of the visit is written for consideration and action by the ARC-PA.



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Category: Site Visit  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: ARC-PA Site Visitor Responsibilities  
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## **11.2 Site Visit Team Selection**

The ARC-PA:

1. Is solely responsible for site visitor selection and assignment.
2. Recruits and prepares site visitors.
3. Provides ongoing required site visitor development.
4. Inquires about, evaluates and resolves real and potential conflicts of interest of those scheduled to participate in site visits.
5. Defines team membership and responsibilities.
6. Evaluates site visitor performance through data collection and analysis.
7. Provides performance feedback and suggestions for improvement to site visitors.



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Category: Site Visit  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Site Visitor Binder Materials  
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### **11.3 Site Visit Process**

The ARC-PA defines, publishes and distributes documents that detail the activities and procedures associated with the site visit component of the comprehensive review process.

The only individual(s) that may be present at meetings occurring during the site visit to the PA program are institutional and program administrators, faculty and students, as may be determined by the site visit team chair. The chair has sole responsibility for the final decision regarding who should be interviewed and who may be present during the interviews.



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Category: Site Visit  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Accreditation Manual  
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#### **11.4 Site Visit Report Structure**

The report from the site visit team consists only of observations.

Each observation must be referenced to a *Standard*.

Each observation is the site visit team's opportunity to alert the ARC-PA that the program failed, in writing or in person, to sufficiently demonstrate compliance with the *Standards*, or that the team was unable to validate information provided in the materials as submitted by the program.



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

Category: Site Visit  
Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to: Accreditation Manual  
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## **11.5 Program Response to Observations**

ARC-PA actively seeks program response(s) to the site visit observation(s).