



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

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**Accreditation Standards for
Physician Assistant Education[©]**

DRAFT FOR COMMENT

4th edition

10/26/09

1 The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) only
2 accredits qualified physician assistant (PA) programs offered by, or located within institutions
3 chartered by and physically located within, the *United States* and where students are
4 geographically located within the *United States* for their education.

5
6 The ARC-PA does not accredit educational programs leading to the PA credential in institutions
7 that are chartered outside the *United States* or programs provided in foreign countries by ARC-
8 PA accredited U.S. PA programs.

9
10 These *Standards* were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997,
11 2000, 2005 and 2010. They are endorsed by the collaborating organizations of the ARC-PA
12 which include:

- 13 • American Academy of Family Physicians
- 14 • American Academy of Pediatrics
- 15 • American Academy of Physician Assistants
- 16 • American College of Physicians
- 17 • American College of Surgeons
- 18 • American Medical Association
- 19 • Physician Assistant Education Association

20
21 These *Standards* constitute the requirements to which an accredited program is held accountable
22 and provide the basis on which the Accreditation Review Commission on Education for the
23 Physician Assistant (ARC-PA) will confer or deny program accreditation.

24 25 **INTRODUCTION**

26
27 The collaborating organizations cooperate with the ARC-PA to establish, maintain and promote
28 appropriate standards of quality for entry level education of PAs and to provide recognition for
29 educational programs that meet the requirements outlined in these *Standards*. These *Standards*
30 are used for the development, evaluation and self-analysis of PA programs.

31
32 Physician assistants are academically and clinically prepared to practice medicine with the
33 direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA
34 team relationship is fundamental to the PA profession and enhances the delivery of high quality
35 health care. Within the physician-PA relationship, PAs make clinical decisions and provide a
36 broad range of diagnostic, therapeutic, preventive and health maintenance services. The clinical
37 role of PAs includes primary and specialty care in medical and surgical practice settings. PA
38 practice is focused on patient care and may include educational, research and administrative
39 activities.

40
41 The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate
42 interpersonal skills and the capacity to respond to emergencies in a calm and reasoned manner.
43 Essential attributes of the graduate PA include an attitude of respect for self and others,
44 adherence to the concepts of privilege and confidentiality in communicating with patients and a
45 commitment to the patient's welfare.

46
47 The *Standards* recognize the continuing evolution of the PA profession and practice and
48 endorse experiential competency based education as a fundamental tenet of PA education.
49 While supporting the underlying rights of the sponsoring institution as it works with the program
50 to meet the *Standards*, the *Standards* reflect the realization that a commonality in the core

1 professional curriculum of programs remains desirable and necessary to offer curricula of
2 *sufficient* depth and breadth to prepare all PA graduates for practice. The *Standards* allow
3 programs to remain creative and innovative in program design as well as the methods of
4 curriculum delivery and evaluation used to enable students to achieve program goals and
5 student *learning outcomes*. Mastery of *learning outcomes* is key to preparing students for entry
6 into clinical practice.

7
8 The PA profession has evolved over time to one requiring a high level of academic rigor.
9 Institutions that sponsor PA programs are expected to incorporate this higher level of academic
10 rigor into their programs and award an appropriate masters degree.

11
12 The ARC-PA acknowledges ongoing change in the delivery of health care and in the education
13 of health professionals. The needs of patients and society *must* be considered by the ARC-PA,
14 the sponsoring institutions and the programs. Education *should* be provided in a manner that
15 promotes interprofessional education and practice.

16
17 An environment that fosters and promotes *diversity* is considered essential to preparing PAs to
18 provide service to others that is not exclusionary of any group, race, or culture. The various
19 insights and resources offered by a diverse faculty, staff and student body increase the overall
20 impact the PA profession can have on the future of the global community.

PROGRAM REVIEW

23
24 Accreditation of PA programs is a process initiated by the sponsoring institution that includes a
25 comprehensive review of the program relative to the *Standards*. It is the responsibility of the PA
26 program to demonstrate its compliance with the *Standards*. Accreditation decisions are based
27 on the ARC-PA's evaluation of information contained in the accreditation application, the report
28 of site visit evaluation teams, any additional requested reports or documents submitted to the
29 ARC-PA by the program and the program accreditation history.

STANDARDS FORMAT

32
33 This version of the *Standards* uses explanatory annotations with some individual standards.
34 These annotations clarify the operational meaning of the standards and are considered an
35 integral component of the standards to which they refer.

36
37 NOTE: The term "student(s)" as used in this document refers to those individuals enrolled in the
38 PA program.
39

1 **SECTION A: ADMINISTRATION**
2

3 **Introduction**
4

5 The administrative operation of a PA program involves collaboration between the faculty and
6 administrative staff of the program and the sponsoring institution. The sponsoring institution
7 *must* be explicitly committed to the success of the program. The program *should* provide an
8 environment that fosters intellectual challenge and a spirit of inquiry. Well defined policies
9 *should* reflect the missions and goals of the program and sponsoring institution. Program
10 documents *should accurately* reflect lines of institutional and programmatic responsibility as well
11 as individual responsibilities. Resources *should* support the program in accomplishing its
12 mission.
13

14 **A1 Sponsorship**
15

16 **Program Location**¹
17

- 18 A1.01 PA programs *must* be established in:
19 a) U.S. regionally accredited colleges or universities or
20 b) medical education facilities of the federal government.
21

22 ANNOTATION: Institutions planning to develop a program and apply for provisional
23 accreditation *must* meet this standard to be eligible to apply for accreditation. Those not
24 meeting this standard will not be considered by the ARC-PA.
25

26 **Institution Sponsorship**
27

- 28 A1.02 A single sponsoring institution *must* be clearly identified as being ultimately responsible
29 for the program.
30
31 A1.03 The sponsoring institution *must*:
32 a) be accredited by a recognized *regional accrediting agency* to award graduates of the
33 PA program a baccalaureate or higher degree^{2 3} and
34 b) be authorized under applicable law to provide a program of post secondary
35 education.
36

37 ANNOTATION: Institutions planning to develop a program and apply for provisional
38 accreditation *must* meet this standard to be eligible to apply for accreditation. Those not
39 meeting this standard will not be considered by the ARC-PA.
40

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

² *Programs sponsored by the military branches of the federal government or accredited prior to 1/1/06 will not be held to this Standard.*

³ *Beginning in 2013, all new programs must be established in sponsoring institutions that award a graduate degree to individuals completing the PA curriculum. Programs accredited prior to 2013 that do not offer a graduate degree must transition to offering a graduate degree, which should be awarded by the sponsoring institution, to students who matriculate into the program in 2021.*

1 A1.04 When more than one institution is involved in the provision of academic and/or clinical
2 education, responsibilities of the respective institutions for instruction and supervision of
3 students *must* be clearly described and documented in a manner signifying agreement
4 by the involved institutions.

5
6 A1.05 There *must* be written and signed agreements between the PA program and/or
7 sponsoring institution and its clinical affiliates used for *supervised clinical practice*
8 *experiences* that define the responsibilities of each party related to the educational
9 program for students.

10
11 ANNOTATION: Agreements *should* specify whose policies govern and *should* document
12 student access to educational resources and clinical experiences. While one agreement
13 between the sponsoring institution and clinical entity to cover multiple professional
14 disciplines is acceptable, such agreements *must* include specific notations
15 acknowledging the terms of participation between the program and clinical entity.

16
17 Institution Responsibilities

18
19 A1.06 The sponsoring institution *must* have responsibility for:
20 a) supporting the planning by *program faculty* of curriculum design, course selection
21 and program assessment,
22 b) hiring faculty and staff,
23 c) complying with ARC-PA accreditation *Standards* and policies,
24 d) permanently maintaining student transcripts,
25 e) granting the credential which documents satisfactory completion of the educational
26 program,
27 f) awarding the academic degree to students who successfully complete the program.³
28 g) documenting that all PA personnel and student policies are consistent with federal
29 and state statutes, rules and regulations,
30 h) documenting that appropriate security and personal safety measures are addressed
31 for PA students and faculty in all locations where instruction occurs and
32 i) *teaching out* currently matriculated students in accordance with the institution's
33 regional accreditor or federal law in the event of program closure and/or loss of
34 accreditation.

35
36 A1.07 The sponsoring institution *must*.
37 a) provide the opportunity for continuing professional development of the program
38 director and *principal faculty* by supporting the development of their clinical, teaching,
39 scholarly and administrative skills and
40 b) support the principal PA faculty in maintaining their *NCCPA* certification status.

41
42 ANNOTATION: Professional development involves maintaining currency with clinical
43 and academic skills and developing new skills needed for the position responsibilities.
44 The types of opportunities supported by institutions varies and may include funding to
45 attend continuing education conferences, non-vacation time to attend professional
46 organizational meetings, funding to attend professional organizational meetings, time for
47 clinical practice, time for research/scholarly activities, time to pursue advanced degree
48 and/or tuition remission for an advanced degree, payment of dues and fees related to
49 certification maintenance and/or time needed for review and study.

1 A1.09 The sponsoring institution *must* provide academic and student health services to PA
2 students that are *equivalent* to those services provided other *comparable* students of the
3 institution.

4
5 ANNOTATION: Academic services typically include academic advising, tutoring, career
6 services, financial aid, computing and library.

7
8 A1.10 The sponsoring institution *should* provide PA students and faculty at geographically
9 *distant campus* locations *comparable* access to services and resources similar to those
10 available to students and faculty on the main campus.

11
12 ANNOTATION: The types of services and resources referred to here for students are
13 those services that help students reach their academic and career goals. Such services
14 typically include academic advising, tutoring, career services, financial aid, computing
15 and library resources and access. Student recreation services and health services are
16 not included. Faculty services and resources include those that are available to
17 *instructional faculty* at the main campus, such as computing and technology resources,
18 library resources and access and employee assistance. The program *must* inform
19 students and faculty if certain services are only available to them on the main campus.

20 21 Institution Resources

22
23 A1.11 The sponsoring institution *must* provide the program *sufficient* financial resources to
24 operate the educational program and fulfill obligations to matriculating and enrolled
25 students.

26
27 A1.12 The sponsoring institution *must* provide the program the human resources necessary to
28 operate the educational program and to fulfill obligations to matriculating and enrolled
29 students.

30
31 ANNOTATION: These resources include the faculty and staff needed on a daily and
32 ongoing basis, as well as those needed for specific program related activities such as
33 maintaining records and processing admission applications. There *must be sufficient*
34 administrative and technical support staff to support faculty in accomplishing their
35 assigned tasks. Student-workers may be used, but *must not* be substituted for
36 administrative and technical support staff. The institution and program *must* provide
37 budgetary and personnel documentation to demonstrate *sufficient* institutional resources
38 support.

39
40 A1.13 The sponsoring institution *must* provide the program the physical facilities to operate the
41 educational program to fulfill obligations to matriculating and enrolled students.

42
43 ANNOTATION: Physical facilities relate to office, classroom and other educational
44 space. In general, both didactic and clinical facilities *must* be both *sufficient* in number
45 and size and appropriate in design to meet their intended use. Classroom and
46 laboratory space *must* be conducive to student learning and *should* reflect contemporary
47 standards of ready and reasonable access and use. Facilities *must* include space to
48 provide confidential academic counseling of students by the program director and
49 *principal faculty*, for program conferences and meetings as well as space for secure
50 storage of student files and records.

1 A1.14 The sponsoring institution *must* provide the program the academic resources needed by
2 the program, staff and students to operate the educational program and to fulfill
3 obligations to matriculating and enrolled students.
4

5 ANNOTATION: Academic resources include computer and audio/visual equipment;
6 instructional materials; technological resources that provide access to the Internet,
7 medical information and current literature; the full text of current books, journals,
8 periodicals and other reference materials related to the curriculum.
9

10 A1.15 The sponsoring institution *must* support the program in securing clinical sites and
11 preceptors in *sufficient* numbers for program-required clinical practice experiences.
12

13 **A2 Program Personnel**

14
15 A2.01 All faculty *must* possess the qualifications by education and experience to perform their
16 assigned duties.
17

18 Program Faculty

19
20 A2.02 The program *must* have *program faculty* that include the program director, medical
21 director and at least three FTE *principal faculty* positions.
22

- 23 a) The program director *must* be assigned to the program on a full time basis. At least
24 80% of that time *should* be devoted to academic and administrative responsibilities in
25 support of the program.
26

27 ANNOTATION: Institutional policies will be used to define what constitutes “full time”
28 within the institution. Programs *must* document assignment of effort, particularly as it
29 relates to program directors who may also serve in the role of department chair or
30 associate dean.
31

- 32 b) The medical director *must* be assigned to the program on at least a 0.1 FTE basis.
33

34 ANNOTATION: One person *must* be designated as the medical director. The
35 program may have other physicians providing medical input. The medical director is
36 not eligible to fill one of the required 3.0 FTE *principal faculty* positions regardless of
37 his or her FTE commitment.
38

- 39 c) Two FTE *principal faculty* positions *must* be filled by PA faculty who are graduates of
40 an accredited PA program and currently NCCPA-certified.
41

42 A2.03 *Principal faculty must be sufficient* in number to meet the academic needs of enrolled
43 students.
44

45 ANNOTATION: The number of *principal faculty* may need to exceed the 3.0 FTE
46 minimum in order to accommodate student needs in larger programs and depending
47 upon the academic and administrative complexity of the program and responsibilities
48 assigned to faculty within the program.
49

- 1 A2.04 *Principal faculty* and the program director *should* have academic appointments and
2 privileges *comparable* to other faculty with similar academic responsibilities in the
3 institution.
4
- 5 A2.05 *Principal faculty* and the program director *must* actively participate in:
6 a) developing, reviewing and revising as necessary the mission statement for the
7 program,
8 b) selecting applicants for admission to the PA program,
9 c) providing student instruction,
10 d) evaluating student performance,
11 e) academic counseling of students,
12 f) assuring the availability of remedial instruction,
13 g) designing, implementing, coordinating, evaluating curriculum and
14 h) evaluating the program.
15

16 Program Director

- 17
- 18 A2.06 The program director *should* be a PA or a physician.
19 a) If the program director is a PA, s/he *must* hold current *NCCPA* certification.⁴
20 b) If the program director is a physician, s/he *must* hold current licensure as an
21 allopathic or osteopathic physician in the state in which the program exists and *must*
22 be certified by an *ABMS-* or *AOA-*approved specialty board.⁵
23
- 24 A2.07 The program director *must* not be the medical director.⁴
25
- 26 A2.08 The program director *must* provide effective leadership and management.
27
- 28 A2.09 The program director *must* be knowledgeable about and responsible for program:
29 a) organization,
30 b) administration,
31 c) fiscal management,
32 d) continuous review and *analysis*,
33 e) planning,
34 f) development and
35 g) participation in the accreditation process.
36
- 37 A2.10 The program director *must* supervise the medical director, principal and *instructional*
38 *faculty* and staff in all activities that directly relate to the PA program.
39

40 Medical Director

- 41
- 42 A2.11 The medical director *must* be:
43 a) a currently licensed allopathic or osteopathic physician⁶ and
44 b) certified by an *ABMS-* or *AOA-*approved specialty board.⁷

⁴ *Programs accredited prior to 3/1/06 will be held to this Standard only when a new program director is appointed.*

⁵ *Physician program directors appointed before 3/1/06 “should” be board certified, those appointed on or after 3/1/06 “must” be board certified.*

⁶ *Medical directors appointed on or after 3/1/06 “should” have their current licensure in the state in which the program exists.*

1
2 A2.12 The medical director *must* be an active participant in the program.

3
4 ANNOTATION: The medical director *should* support the program director in insuring that
5 both didactic instruction and *supervised clinical practice experiences* meet current
6 practice standards as they relate to the PA role in providing patient care. The medical
7 director *should* be actively involved in developing the mission statement for the program;
8 providing instruction; evaluating student performance; designing, implementing,
9 coordinating and evaluating curriculum and evaluating the program.

10
11 Instructional Faculty

12
13 A2.13 *Instructional faculty must be:*

- 14 a) qualified through academic preparation and experience to teach assigned subjects
15 and
16 b) knowledgeable in course content and effective in teaching assigned subjects.

17
18 ANNOTATION: *Instructional faculty* include more than physician assistants and *should*
19 include individuals with advanced degrees, experience or previous academic
20 background in a field or discipline. For example, a PA graduate who was previously or
21 subsequently also a clinical laboratory scientist might be appropriate to teach in that
22 area within the program, but would not be considered prepared or experienced to be the
23 pharmacology course instructor.

24
25 A2.14 In addition to the *principal faculty*, there *must* be *sufficient instructional faculty* to provide
26 students with the necessary attention, instruction and *supervised clinical practice*
27 *experiences* to acquire the knowledge and competence needed required for entry into
28 the profession.

29
30 ANNOTATION: *Instructional faculty should* participate in the evaluation of student
31 performance and in the identification of students who are not achieving course and
32 program *learning outcomes*.

33
34 A2.15 The program *should* not rely primarily on resident physicians for didactic or clinical
35 instruction.

36
37 A2.16 *Instructional faculty* for the supervised clinical practice portion of the educational
38 program *must* consist primarily of practicing physicians and PAs.

39
40 A2.17 All *instructional faculty* serving as *supervised clinical practice experience* preceptors
41 *must* be licensed to practice in the state in which the clinical site is located.

42
43 A2.18 In each location to which a student is assigned for didactic instruction or *supervised*
44 *clinical practice experiences*, there *must* be an *instructional faculty* member designated
45 by the program to assess and supervise the student's progress in achieving *learning*
46 *outcomes*.

47

⁷ *Medical directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.*

1 ANNOTATION: Students at each location *must* be informed as to which *instructional*
2 *faculty* member is serving in this role for the location and *must* be provided with contact
3 information.
4

5 Administrative Support Staff

6

7 A2.19 There *must* be at least a 1.0 FTE position to provide *administrative support* for the
8 program.
9

10 ANNOTATION: This position may be occupied by more than one person and *should* be
11 dedicated exclusively to the program. The person(s) assigned to this position *must*
12 report to the program director during the time assigned to the program. The number of
13 individuals providing *administrative support* to the program may be more than the 1.0
14 FTE minimum due to the number of students, academic and administrative complexity of
15 the program and responsibilities assigned to faculty and staff within the program.
16 Students who may be assigned to the program as student-workers *must* not be counted
17 in the minimum 1.0 FTE.
18

19 **A3 Operations**

20

21 Policies

22

23 A3.01 Program policies *must* apply to all students, *principal faculty* and the program director
24 regardless of location.
25

26 ANNOTATION: A signed clinical affiliation agreement or memorandum of understanding
27 may specify that certain program policies will be superseded by those at the clinical site.
28

29 A3.02 The program *must* inform students of program policies and practices.
30

31 A3.03 Students *must* not be required to provide or solicit clinical sites or preceptors. The
32 program *must* coordinate clinical sites and preceptors for program-required clinical
33 *rotations*.
34

35 ANNOTATION: Coordinating clinical practice experiences involves identifying,
36 contacting and evaluating sites and preceptors for suitability as a required or *elective*
37 *rotation* experience. Students may make suggestions to *principal faculty* for sites and
38 preceptors but *must* not be required to do so. Student suggested sites and preceptors
39 *must* be reviewed, evaluated and approved for educational suitability by the program.
40

41 A3.04 PA students *must* not be required to work for the program.
42

43 ANNOTATION: While students may work for the program, the program *should* have an
44 appropriate number of qualified support staff to support the program. Program policies
45 *should* note that student workers will not have access to confidential documents of other
46 students.
47

48 A3.05 Students *must* not substitute for or function as *instructional faculty*.
49

50 ANNOTATION: Students with specific prior knowledge, experiences and skills may
51 assist faculty in didactic and laboratory sessions to share their knowledge and skills.

1 Students are not to be the sole instructor for any component of the curriculum or be
2 placed in a position where they are assessing and evaluating fellow students.

3
4 A3.06 Students *must* not substitute for clinical or administrative staff during supervised clinical
5 practical experiences.

6
7 A3.07 The program *must* have a policy on immunization of students and such policy *must* be
8 based on current Centers for Disease Control recommendations for health professionals.

9
10 ANNOTATION: Programs offering clinical *rotations* at international sites *must* require
11 those students selecting an international experience to comply with international travel
12 immunizations recommended by the CDC.

13
14 A3.08 The program *must* document policies addressing student exposure to infectious and
15 environmental hazards.

16
17 ANNOTATION: The policies *should* include methods of prevention; procedures for care
18 and treatment after exposure, including definition of financial responsibility; and the
19 effects of infectious and environmental disease or disability on student learning activities.
20 Students *must* be informed of these policies before undertaking any educational
21 activities that would place them at risk.

22
23 A3.09 *Principal faculty*, the program director and the medical director *must* not participate as
24 health care providers for students in the program.

25
26 A3.10 The program *must* document policies that address the referral of students to services
27 addressing personal issues which may impact their progress in the PA program.

28
29 ANNOTATION: Students *must* have *timely* access to faculty for assistance and
30 counseling regarding their academic progress, concerns and/or issues.

31
32 A3.11 The program *must* define, publish and make *readily available* to faculty and students
33 policies and procedures for processing student grievances and allegations of
34 harassment.

35
36 A3.12 The program *must* define, publish and make *readily available* to faculty institutional
37 policies and procedures for processing faculty grievances and allegations of
38 harassment.

39
40 ANNOTATION: If the program has policies related to grievances and harassment in
41 addition to those of the institution, these *must* also be documented and *readily available*
42 to faculty.

43 Fair Practices and Admissions

44
45
46 A3.13 The program announcements and advertising *must accurately* reflect the program
47 offered.

48
49 ANNOTATION: Institutions and programs are responsible for providing clear and
50 credible information to stake holders about all dimensions of the program.

- 1 A3.14 The program *must* define, publish and make *readily available* to prospective and
2 enrolled students general program information to include:
3 a) the program ARC-PA accreditation status,
4 b) the success of the program in achieving its outcomes,
5 c) the success of the students in achieving *learning outcomes*,
6 d) first time *PANCE* rates for the five most recent graduating classes,
7 e) academic credit offered by the program,
8 f) estimates of all costs (tuition, fees, etc.) related to the program,
9 g) policies and procedures for refunds of tuition and fees and
10 h) policies about student employment while enrolled in the program.

11
12 ANNOTATION: The program *must* publish on its web site the most recent five-year first
13 time and aggregate graduate performance report as supplied by the *NCCPA* of its
14 graduates on the *PANCE* and at a minimum twice yearly in January and July update the
15 performance data. The program may supplement this information with concise and
16 factually accurate evidence of the soundness of its operation and its overall
17 effectiveness in meeting its mission. Examples of information may include graduate
18 rates, job placement rates, *attrition* rates, graduate testimonials and student testimonials.

- 19
20 A3.15 The program *must* define, publish and make *readily available* to *prospective* students
21 admission related information to include:
22 a) admission and enrollment practices that favor specified individuals or groups (if
23 applicable),
24 b) admission requirements regarding prior education or work experience,
25 c) policies and procedures concerning awarding or granting advanced placement,
26 d) any required academic standards for enrollment and
27 e) any required technical standards for enrollment.

28
29 A3.16 The program *must* make student admission decisions in accordance with clearly defined
30 and *published* practices of the institution and program.

- 31
32 A3.17 The program *must* define, publish and make *readily available* to students upon
33 admission academic performance and progression information to include:
34 a) any required academic standards,
35 b) completion deadlines/requirements related to curricular components,
36 c) requirements for progression in and completion of the program,
37 d) policies and procedures for processing student grievances,
38 e) policies and procedures for withdrawal and dismissal,
39 f) policies and procedures for *remediation* and *deceleration* and
40 g) policies and procedures for processing allegations of harassment.

- 41
42 A3.18 Programs granting advanced placement *must* document within each student's file that
43 those students receiving advanced placement have:
44 a) met program defined criteria for such placement,
45 b) met institution defined criteria for such placement and
46 c) demonstrated appropriate *competencies* for the curricular components in which
47 advanced placement is given.

48
49 Student Records

- 50
51 A3.19 Student files kept by the program *must* include documentation:

- 1 a) that the student has met *published* admission criteria including advanced placement
- 2 if awarded,
- 3 b) that the student has met institution and program health screening and immunization
- 4 requirements,
- 5 c) of student performance while enrolled,
- 6 d) of *remediation* efforts and outcomes,
- 7 e) of any summaries of formal academic/behavioral disciplinary action taken against a
- 8 student and
- 9 f) that the student has met requirements for program completion.

10
11 A3.20 PA students *must* not have access to the academic records or other confidential
12 information of other students or faculty.

13
14 A3.21 Student *health records* are confidential and *must* not be accessible to or reviewed by
15 program, principal and *instructional faculty* and staff except for immunization and
16 tuberculosis screening results, which may be maintained and released with written
17 permission from the student.

18
19 Faculty Records

20
21 A3.22 *Principal faculty* records must include:
22 a) current job descriptions that include duties and responsibilities specific to each
23 *principal faculty* member and
24 b) current curriculum vitae.

25
26 A3.23 The program must have current curriculum vitae for each *course director*.

27

1 **SECTION B: CURRICULUM AND INSTRUCTION**

2
3 **Introduction**

4
5 The program curriculum prepares students to provide patient centered care and to work
6 collegially in physician-PA teams in an interprofessional team environment. The curriculum
7 establishes a strong foundation in health information technology and evidence-based medicine
8 and emphasizes the importance of remaining current with the changing nature of clinical
9 practice.

10
11 Section B addresses all aspects of the curriculum. The professional curriculum for PA
12 education includes applied medical, behavioral and social sciences; patient assessment and
13 clinical medicine; supervised clinical practice; and health policy and professional practice
14 issues. Issues relating to individual professional responsibility and working in the health care
15 delivery system are included in the clinical preparatory section of this *Standards* section and
16 apply to supervised clinical practice settings in the clinical curriculum.

17
18 Programs need not have discreet courses for each of the instructional areas discussed within
19 this section. However, *learning outcomes* related to all instructional areas *must* be evident in
20 the curriculum and course syllabi.

21
22 The standards in section B1 apply to the entire curriculum of the program and have application
23 to all curricular components.

24
25 **B1 Curriculum**

26
27 B1.01 The curriculum *must* be consistent with the mission and goals of the program.

28
29 B1.02 The curriculum *must* include core knowledge about established and evolving biomedical
30 and clinical sciences and the application of this knowledge to patient care.

31
32 B1.03 The curriculum *must* be of *sufficient* breadth and depth to prepare the student for the
33 clinical practice of medicine.

34
35 B1.04 The curriculum design *must* reflect sequencing that enables students to develop the
36 *competencies* necessary for current and evolving clinical practice.

37
38 ANNOTATION: The concept of sequencing refers to the coordination and integration of
39 content both horizontally and vertically across the curriculum. It does not mandate that
40 content be delivered in separate courses with traditional discipline names. Appropriate
41 sequencing involves considering overall program design and integration of content that
42 may best be delivered in an interdisciplinary topic approach. Content and course
43 sequencing *should* build upon previously achieved student learning outcome.

44
45 B1.05 The curriculum *must* include *learning outcomes* about intellectual honesty and
46 appropriate academic and professional conduct.

47
48 B1.06 The curriculum *must* include *learning outcomes* to prepare students to provide medical
49 care to patients from diverse populations.

1 ANNOTATION: Quality health care education involves an ongoing consideration of the
2 constantly changing health care system and the impact of racial, ethnic and
3 socioeconomic health disparities on health care delivery. Students *should* be prepared
4 to evaluate their own values and avoid stereotyping. They *should* be aware of differing
5 health beliefs, values and expectations of patients and other health care professionals
6 that can affect communication, decision-making, compliance and health outcomes.
7

8 B1.07 The curriculum *must* include *learning outcomes* related to the development of problem
9 solving and medical decision-making.

10
11 B1.08 The curriculum *must* include *learning outcomes* to prepare students to work
12 collaboratively in interprofessional patient centered teams.
13

14 ANNOTATION: Instruction *must* include the roles and responsibilities of various health
15 care professionals, emphasizing the team approach to patient centered care beyond the
16 traditional physician-PA team approach. Students *should* learn the principles of
17 interprofessional practice and *should* be provided opportunities to apply these principles
18 in interprofessional teams throughout the curriculum.
19

20 B1.09 For each didactic and clinical course, the program *must* define and publish *learning*
21 *outcomes* that guide student acquisition of required *competencies*.
22

23 ANNOTATION: The educational expectations of the program *must* be stated in outcome-
24 based terms (*learning outcomes*) that allow assessment of student progress in
25 developing the *competencies* required for entry into practice. Programs *should*
26 document what they expect students to learn and the level of student performance
27 required for success.
28

29 B1.10 The program *should* orient *instructional faculty* to the specific *learning outcomes* it
30 requires of students.
31

32 ANNOTATION: Program and *principal faculty* *should* work collaboratively with
33 *instructional faculty* in designing courses with appropriate *learning outcomes* and student
34 assessment tools that reflect the *learning outcomes* expected of students.
35

36 B1.11 The program *must* document educational equivalency of course content, student
37 experience and access to didactic and laboratory materials when instruction is:
38 a) conducted at geographically separate locations and/or
39 b) provided by different pedagogical and instructional methods or techniques for some
40 students.
41

42 **B2 Clinical Preparatory Instruction**

43
44 B2.01 While programs may require specific course(s) as prerequisites to enrollment, those
45 prerequisites *must* not substitute for more advanced applied content within the
46 professional component of the program.
47

48 B2.02 The program curriculum *must* include instruction in the following areas of applied
49 medical sciences and their application in clinical practice:
50 a) anatomy,
51 b) physiology,

- 1 c) pathophysiology,
- 2 d) pharmacology and pharmacotherapeutics,
- 3 e) genetics,
- 4 f) microbiology and
- 5 g) biostatistics.
- 6

7 B2.03 The program curriculum *must* include instruction in clinical medicine covering all organ
8 systems.

9
10 B2.04 The program curriculum *must* include instruction in interpersonal and communication
11 skills that result in the effective exchange of information and collaboration with patients,
12 their families and other health professionals.

13
14 B2.05 The program curriculum *must* include instruction in patient evaluation, diagnosis and
15 management.

16
17 ANNOTATION: Instruction in patient assessment and management is a key component
18 of PA education. Such instruction includes caring for patients of all ages from initial
19 presentation through ongoing follow-up. It includes instruction in interviewing and
20 eliciting a medical history; performing complete and focused physical examinations;
21 generating differential diagnoses; and ordering and interpreting diagnostic studies.
22 Patient management *should* address acute and longitudinal management. Treatment
23 plans *should* be patient centered and inclusive, addressing medical issues, patient
24 education and referral.

25
26 B2.06 The program curriculum *must* include instruction in the provision of clinical medical care
27 across the life span.

28
29 ANNOTATION: Preclinical instruction *must* prepare PAs to provide preventive,
30 emergent, acute, chronic, *long-term*, rehabilitative, palliative and end-of-life care. Their
31 preparation *must* include content relevant to prenatal, infant, children, adolescent, adult
32 and elderly populations.

33
34 B2.07 The program curriculum *must* include instruction in technical skills and procedures
35 based on current professional practice.

36
37 B2.08 The program curriculum *must* include instruction in the social and behavioral sciences
38 including normal and abnormal developmental across the life span.

39
40 ANNOTATION: Social and behavioral sciences *should* prepare students for primary care
41 practice. Instruction *should* address normal psychological development; detection and
42 treatment of substance abuse; human sexuality; issues of death, dying and loss;
43 response to illness, injury and stress; principles of violence identification and prevention;
44 and psychiatric/behavioral conditions.

45
46 B2.09 The program curriculum *must* include instruction in basic counseling and patient
47 education skills.

48
49 ANNOTATION: Instruction in counseling and patient education skills *should* be patient
50 centered and focused on helping patients cope with illness and injury and stress, adhere
51 to prescribed treatment plans and modify their behaviors to more healthful patterns.

1
2 B2.10 The program curriculum *must* include instruction to prepare students to search, interpret
3 and evaluate the medical literature, including its application to individualized patient
4 care.

5
6 B2.11 The program curriculum *must* include instruction in health care delivery systems and
7 health policy.

8
9 ANNOTATION: Instruction *should* include the impact of cultural and socioeconomic
10 issues affecting health care access, delivery and policy.

11
12 B2.12 The program curriculum *must* include instruction in concepts of public health as they
13 relate to the role of the practicing PA.

14
15 ANNOTATION: Students *should* understand the relationship between providing care to
16 individual patients and the intervention to prevent diseases in the community and
17 populations at large. They need to appreciate the PA role in surveillance and promotion
18 of healthy behaviors. They need to be informed about the PA's ethical and legal
19 responsibilities to report diseases and health conditions to public health officials.

20
21 B2.13 The program curriculum *must* include instruction in patient safety, quality improvement,
22 prevention of medical errors and risk management.

23
24 B2.14 The program curriculum *must* include instruction about PA licensure, credentialing and
25 laws and regulations regarding professional practice.

26
27 B2.15 The program curriculum *must* include instruction regarding reimbursement,
28 documentation of care, coding and billing.

29
30 B2.16 The program curriculum *must* include instruction in the principles and practice of medical
31 ethics.

32
33 ANNOTATION: Instructional content *must* include the attributes of respect for self and
34 others; professional responsibility; the concepts of privilege, confidentiality, informed
35 patient consent; and a commitment to the patient's welfare. Students *should* be
36 prepared to evaluate their own ethical values and to compare and contrast them with
37 those of others.

38
39 B2.17 The program curriculum *must* include instruction in the PA profession, its historical
40 development and current trends.

41
42 ANNOTATION: Instruction *should* address the physician-PA team relationship, political
43 issues that affect PA practice, the PA professional organizations and PA program
44 accreditation.

45
46 **B3 Supervised Clinical Practice**

47
48 B3.01 PA students *must* be clearly identified in the clinical setting to distinguish them from
49 physicians, medical students and other health profession students and graduates.

50

- 1 B3.02 The program *must* provide *supervised clinical practice experiences* that enable students
2 to meet program expectations and acquire the *competencies* needed for clinical PA
3 practice.
4
- 5 B3.03 The program *must* document that all sites used during supervised clinical practice meet
6 program prescribed expectations for *learning outcomes* and performance evaluation
7 measures.
8
- 9 B3.04 The program *must* document that every student has *supervised clinical practice*
10 *experiences*, in *sufficient* number to meet program defined requirements, with patients
11 seeking medical care across the life span to include:
12 a) infant,
13 b) children,
14 c) adolescent,
15 d) adult and
16 e) elderly populations.
17
- 18 B3.05 The program *must* provide *supervised clinical practice experiences* in the following types
19 of health care delivery:
20 a) preventive,
21 b) emergent,
22 c) acute,
23 d) chronic,
24 e) *long-term*,
25 f) rehabilitative,
26 g) palliative and
27 h) end-of-life.
28
- 29 B3.06 The program *must* provide *supervised clinical practice experiences* in the following
30 settings:
31 a) outpatient,
32 b) emergency department,
33 c) inpatient and
34 d) operating room.
35
- 36 B3.07 *Supervised clinical practice experiences should occur with:*
37 a) licensed physicians who are specialty board certified in their area of instruction,
38 b) licensed PAs teamed with licensed physicians who are specialty board certified in
39 their area of instruction or
40 c) other health care providers experienced in their area of instruction and licensed to
41 practice independently.
42
- 43 ANNOTATION: In order to provide the breadth of experience needed by primary care
44 clinicians and to help students appreciate the differences in approach to patients taken
45 by those with varying education and experience, the program *should* provide *supervised*
46 *clinical practice experiences* with preceptors who are prepared by advanced medical
47 education or experience.
48
- 49 B3.08 The program *must* provide *supervised clinical practice experiences* in the following
50 medical content areas:
51 a) primary care, including general internal medicine, family medicine and pediatrics;

- 1 b) surgical care, including pre-, intra- and post-operative care;
- 2 c) women's health, including prenatal and gynecologic care and
- 3 d) behavioral and mental health care.
- 4

SECTION C: EVALUATION

Introduction

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.

C1 Ongoing Program Self-Assessment

C1.01 The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.

ANNOTATION: The self-assessment process *should* reflect the ability of the program in collecting and interpreting evidence of *learning outcomes*, as well as program administrative functions and outcomes. The process *should* incorporate the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The program *should* give careful thought to data collection, management and interpretation. The use of outcome measures *should* be used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

C1.02 The program *must* apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

C2 Self-Study Report ⁸

C2.01 The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- a) the program process of ongoing self- assessment,
- b) results of critical *analysis* from the ongoing self-assessment,
- c) faculty evaluation of the curricular and administrative aspects of the program,
- c) modifications that occurred as a result of self-assessment,
- d) self-identified program strengths and areas in need of improvement and
- e) plans for addressing areas needing improvement.

⁸ *Programs applying for provisional accreditation must complete a descriptive report, as opposed to a self study report, as described in section D and the application for provisional accreditation.*

1 ANNOTATION: At a minimum the results of ongoing self-assessment *must* include
2 critical *analysis* of student evaluations for each course and *rotation*, student evaluations of
3 faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*,
4 preceptor evaluations of students' preparedness for clinical *rotations*, student exit and/or
5 graduate evaluations of the program, the most recent five-year first time and aggregate
6 graduate performance on the *PANCE*, sufficiency/effectiveness of faculty and staff, faculty
7 and staff turnover and *attrition*.

8 9 **C3 Student Evaluation**

10
11 C3.01 The program *must* conduct *frequent*, objective and documented evaluations of students
12 related to *learning outcomes* for both didactic and supervised clinical education
13 components.

14
15 ANNOTATION: There *should* be clear parallels between what is expected, taught and
16 assessed. Thorough assessment includes both *formative* and *summative evaluations* and
17 involves multiple assessment approaches with multiple observations by multiple
18 individuals. Performance *should* be assessed according to pre-specified criteria.

19
20 C3.02 The program *must* document student demonstration of defined professional behaviors.

21
22 C3.03 The program *must* monitor and document the progress of each student in a manner that
23 promptly identifies deficiencies in knowledge or skills and establishes means for
24 *remediation*.

25
26 C3.04 The program *must* conduct and document a *summative evaluation* of each student toward
27 the end of the program to verify that each student is prepared to enter clinical practice.

28
29 ANNOTATION: The *summative evaluation must* consist of more than a "transcript" of
30 student outcomes otherwise obtained during the course of the program. Timing of the
31 evaluation "toward the end of the program," reflects the fact that this evaluation *must* not
32 occur early in the clinical *rotation* schedule.

33
34 C3.05 The program *must* document equivalency of student evaluation methods and outcomes
35 when instruction is:

- 36 a) conducted at geographically separate locations and/or
37 b) provided by different pedagogical and instructional methods or techniques for some
38 students.

39 40 **C4 Clinical Site Evaluation**

41
42 C4.01 The program *must* define, maintain and document effective processes for the initial and
43 ongoing evaluation of all sites and preceptors used for *supervised clinical practice*
44 *experiences*.

45
46 ANNOTATION: Having first established criteria by which to evaluate initial and ongoing
47 sites and preceptors, the program *must* develop a process to complete the evaluation.
48 The process *should* focus on the established criteria and fit the individual program.

1 C4.02 The program *must* document that each clinical site provides the student access to
2 physical facilities, patient populations and supervision necessary to fulfill program
3 expectations of the clinical experience.
4

5 ANNOTATION: *Program faculty must monitor supervised clinical practice experiences*
6 *and modify them as necessary to ensure the expected learning outcomes will be met by*
7 *each student by program completion. Faculty must document that differences in clinical*
8 *settings do not impede the overall accomplishment of expected learning outcomes. The*
9 *program should define the volume and types of patient encounters and clinical*
10 *experiences that students are expected to accomplish in the clinical sites used by the*
11 *program. Documentation must show that preceptors are providing observation and*
12 *supervision of student performance while on supervised clinical experiences and that*
13 *they are providing feedback and mentoring to students.*
14

1 **SECTION D: PROVISIONAL ACCREDITATION**
2

3 **Introduction**
4

5 Provisional accreditation is an accreditation status granted to a new program that has not yet
6 matriculated students and, that at the time of the *comprehensive evaluation* by the ARC-PA, has
7 demonstrated to the ARC-PA's satisfaction its preparedness to initiate a program in compliance
8 with the *Standards*. Provisional accreditation is limited to a three-year period.
9

10 Only those institutions that are actively engaged in establishing a program for the education of
11 physician assistants are eligible for provisional accreditation. The provisional accreditation
12 process involves a thorough review of the planning, organization, evaluation and proposed
13 content of a program that is in the advanced planning stages, but not yet operational.
14

15 Provisional accreditation is awarded when the plans and resources allocated for the program, if
16 fully implemented as proposed, demonstrate the ability of the program to meet the *Standards*.
17 Provisional accreditation of the program precedes the matriculation of students.
18

19 **D1 Provisional Accreditation Requirements**
20

21 Programs applying for provisional accreditation are to demonstrate compliance or the ability to
22 comply when operational with all accreditation *Standards*, including specific provisional
23 accreditation standards. Programs planning to apply for provisional accreditation *should* contact
24 the ARC-PA early in their planning phase, and before beginning to complete application
25 materials, to discuss the process and timelines.
26

27 Institutions planning to develop a program and apply for provisional accreditation *must* meet
28 standards A1.01 and A1.03 to be eligible to apply for accreditation.
29

30 D1.01 The development of the program *must* be authorized by:

- 31 a) the sponsoring institution,
- 32 b) appropriate state agency (if required) and
- 33 c) regional accreditor (if required).
34

35 D1.02 There *must* be a qualified program director, a qualified medical director and a more
36 senior institutional official assigned to be responsible for the development of the
37 program.
38

39 ANNOTATION: Typically the institution official is a Dean, Department chairperson or
40 individual designated by the institution president or provost. A *consultant* cannot be
41 designated as responsible for the development of the program.
42

43 D1.03 If provisional accreditation status is granted, the program *must* not admit more students
44 than the number requested for by the program and approved by the ARC-PA.
45

46 D1.04 The developing program *must* inform, in writing, everyone who requests information,
47 applies, or plans to enroll that the program is not yet accredited and *must* convey the
48 implications of non-accreditation to applicants.
49

1 D1.05 The program *must* have a complete curriculum design, course sequence and
2 established evaluation methods for all didactic and clinical components of the program
3 prior to the comprehensive ARC-PA site visit.
4

5 ANNOTATION: Evaluation methods *should* be tied to specific didactic courses and
6 *supervised clinical practice experiences*.
7

8 D 1.06 The program *must* supply detailed information for each course offered in the first 15
9 months of the program.
10

11 ANNOTATION: Information detailing the types and scope of information needed about
12 each course in the first 15 months of the program is available in the application materials
13 and *should* be reviewed carefully by the program as it considers applying for Provisional
14 accreditation.
15

16 D1.07 While all aspects of the program beyond the first 15 months are not required to be totally
17 completed and operational at the time of the initial site visit for provisional accreditation,
18 the program *must* have clearly articulated plans and mechanisms for bringing the
19 program into compliance with the *Standards*.
20

21 D1.08 The program *must* have identified prospective clinical sites *sufficient* in number to meet
22 the needs of the number of anticipated students.
23

24 ANNOTATION: Programs *should* provide documentation they have contacted specific
25 sites and individuals to serve a *supervised clinical practice experience sites* and
26 preceptors for the entire program. The program *should* provide letters of intent to
27 participate in numbers *sufficient* to accommodate students on *supervised clinical*
28 *practice experiences* for the entire program. If such experiences occur in the first 15
29 months of the program the program will need to have signed affiliation agreements from
30 those facilities and individuals participating during that time.
31

1 **SECTION E: ACCREDITATION MAINTENANCE**
2

3 **E1 Program and Sponsoring Institution Responsibilities**
4

5 E1.01 The program *must* inform the ARC-PA within 30 days of the date of notification of any
6 adverse accreditation action (probation, withdrawal of accreditation) received from the
7 sponsoring institution's regional or specialized and professional accrediting agency.
8

9 E1.02 The program *must* agree to and cooperate with periodic comprehensive and/or focused
10 reviews of the program by the ARC-PA. Such reviews may include a site visit and may
11 be scheduled or unscheduled as determined by the ARC-PA.
12

13 E1.03 The program *must* submit reports or documents as required by the ARC-PA
14

15 ANNOTATION: Based on the data contained in reports and documents, the program
16 may be required to submit additional information, may be scheduled for an onsite
17 evaluation, may have the length of time between comprehensive visits changed, or may
18 have its accreditation status altered.
19

20 E1.04 The program *must* inform the ARC-PA in writing of personnel changes in its positions of
21 program director, medical director, or other *principal faculty* within 30 days of the date of
22 the effective change and *must* include a detailed plan and timeline to fill vacated
23 positions.
24

25 E1.05 The program *must* demonstrate active recruitment to fill vacated faculty positions.
26

27 ANNOTATION: Programs *should* provide quarterly updates to the ARC-PA on progress
28 toward filling vacant positions.
29

30 E1.06 If an interim program director (IPD) is appointed, this person *should* meet the
31 qualifications of the PD.
32

33 E1.07 The appointment of an IPD *should* not exceed 12 months.
34

35 ANNOTATION: Programs *should* provide quarterly updates to the ARC-PA on progress
36 toward appointing a permanent program director.
37

38 E1.08 The program *must* obtain ARC-PA approval at least nine months prior to implementing
39 any intended program expansion to a *distant campus*.
40

41 ANNOTATION: Programs providing information about expanding to a *distant campus*
42 *must* do so using forms and processes developed by the ARC-PA for this purpose. A
43 focused visit may be required prior to the ARC-PA's consideration of the request to
44 expand to a *distant campus*.
45

46 E1.09 The program *must* inform the ARC-PA in writing, using forms and processes developed
47 by the ARC-PA, no less than six months prior to implementation of proposed changes in
48 the following:
49

- 50 a) degrees or certificate granted at program completion,
51 b) requirements for graduation,

- 1 c) program length,
- 2 d) ≥ 10 students or $\geq 15\%$ increase in maximum entering class size,
- 3 e) *maximum aggregate student enrollment* that will result in an increase of $\geq 15\%$ in
- 4 *maximum aggregate student enrollment*, as compared to the most recent application
- 5 for accreditation or as approved by the ARC-PA and/or
- 6 f) a substantive decrease in program support.

7
8 ANNOTATION: A decrease in support for the program may refer to a decrease in
9 allocated fiscal, human, academic or physical resources. A substantive decrease is
10 one $\geq 20\%$. Reviewing program budget numbers is only one way of determining a
11 decrease in support. Support for vacant positions may be reduced or eliminated,
12 leaving an open but unfunded and unfilled position within the program. Programs
13 may also find that space allocated to the program has been reduced. Federal, state
14 or private grants or other funds awarded to the sponsoring institution or to outside
15 agencies that supported individuals or program activities may not be renewed.
16 Significant numbers of supervised clinical practice sites may decide to no longer
17 accept students.

18
19 Programs are expected to consider the many ways in which their support may be
20 reduced; giving careful consideration to the impact such reductions may have on the
21 responsibilities of program personnel, ongoing program activities and the
22 educational quality for the students.

- 23
- 24 E1.10 The sponsoring institution *must* inform the ARC-PA in writing of the intent to transfer
- 25 program sponsorship as soon as it begins considering transfer.
- 26
- 27 E1.11 The program and the sponsoring institution *must* pay ARC-PA accreditation and
- 28 associated fees as determined by the ARC-PA.

1
 2
 3
 4
 5

GLOSSARY

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

TERM	DEFINITION
ABMS	American Board of Medical Specialties.
ACGME	Accreditation Council for Graduate Medical Education.
Accurately	Free from error.
Administrative Support Staff	Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff do not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data analysis.
Analysis	Study of compiled or tabulated data interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
AOA	American Osteopathic Association.
Attrition	A reduction in number. Student attrition: the permanent loss of a matriculated student from the course of study in a physician assistant program. Faculty attrition: the loss of a faculty member from a position assigned to physician assistant program.
Comparable	Similar but not necessarily identical.
Competencies	The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities required for PA practice.
Comprehensive Evaluation	An accreditation evaluation of a program which includes the completion of an application with a self-study report, a site visit and a review of all material by the ARC-PA Commission, resulting in the rendering of an accreditation decision.
Consultant	An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program, principal or instructional faculty or staff.
Course Director	Faculty member primarily responsible for the organization, delivery and evaluation of a course.

TERM	DEFINITION
Deceleration	The loss of a student from the entering cohort, who remains matriculated in the physician assistant program.
Distant Campus	A campus geographically separate from the main program at which didactic, preclinical or clinical instruction occurs for all or some of the students enrolled.
Distant Education	A formal educational process in which 50% or more of the required content/time/credit hours, excluding supervised clinical practice experiences, may be accrued when the student and instructor/faculty are not in the same physical location. The interaction may be synchronous or asynchronous.
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs and/or values.
Elective Rotations	Supervised clinical practice experiences that may differ by student and which allow students to gain exposure to or deeper understanding of medical specialties related to their clinical or academic areas of interest.
Equivalent	Resulting in the same outcomes or end results.
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help students in achieving goals.
Frequent	Occurring regularly at brief intervals.
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system. This term includes routine clinical or office records, records of care in any health related setting, preventive care, lifestyle evaluation, research protocols and various clinical databases.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and/or clinical phases of the program, regardless of length of time of instruction, faculty status or rank.
Learning Outcomes	The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities that have been attained at the completion of a curricular component, course or program.
Long-term care	Services which help meet both the medical and non-medical needs of individuals with a chronic illness or disability who cannot care for themselves for long periods of time.
Long term care settings	Facilities for patients who require assistance with activities of daily living or are unable to live independently.
Maximum	The maximum potential number of students enrolled simultaneously at

TERM	DEFINITION
Aggregate Student Enrollment	any point in time.
Maximum Class Size	Maximum potential number of students enrolled for each admission cycle.
Must	A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
NCCPA	National Commission on Certification of Physician Assistants
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
Principal Faculty	Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director.
Program Faculty	The program director, medical director, and at least three FTE principal faculty positions of which two FTE positions must be currently NCCPA certified PAs.
Prospective Students	Any individuals who have requested information about the program or submitted information to the program.
Published	Presented in written or electronic format.
Readily Available	Made accessible to others in a timely fashion via defined program or institution procedures.
Recognized Regional Accrediting Agencies	<p>Middle States Association of Colleges and Schools- Commission on Higher Education (MSA-CHE)</p> <p>New England Association of Schools and Colleges- Commission on Institutions of Higher Education (NEASC-CIHE)</p> <p>North Central Association of Colleges and Schools- The Higher Learning Commission (NCA-HLC)</p> <p>Northwest Commission on Colleges and Universities (NWCCU),</p> <p>Southern Association of Colleges and Schools- Commission on Colleges (SACS)</p> <p>Western Association of Schools and Colleges- Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)</p>
Remediation	The program defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Required Rotation	Rotations which all students in the program are required to complete successfully prior to completing the program.
Rotation	A supervised clinical practice experience for which there are written

TERM	DEFINITION
	expected learning outcomes and student evaluation mechanisms.
Should	The term used to designate requirements that must be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. (Programs not meeting any component(s) of a <i>should</i> standard are expected to describe in detail why they are unable to do so. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.)
Succinctly	Marked by compact, precise expression without wasted words.
Sufficient	Enough to meet the needs of a situation or proposed end.
Student Services	Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid and computing and library resources and access.
Summative Evaluation	An assessment of the learner and conducted by the program to assure that the learner has the knowledge, interpersonal skills, patient care skills and professionalism required for entry into the profession. This evaluation must consist of more than a "transcript" of student outcomes otherwise obtained in the course of the program.
Supervised Clinical Practice Experiences	Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.
Teaching Out	Allowing students already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited program in which they can continue their education.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
United States	The fifty 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.