Accreditation Standards for
Clinical Postgraduate PA Programs ©

Second Edition

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Typographical errors corrected to B1.04 annotation, B1.08, B1.11 annotation, 7/25/2012

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PREFACE

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

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

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

Clinical postgraduate PA program curricula are designed to build upon the knowledge and experience acquired during entry level generalist medical education for the PA, and provide one means of enabling the graduate PA to assume a competent role on a specialty health care team. Clinical postgraduate PA program accreditation is designed to evaluate the clinical postgraduate PA educational program being offered.

INTRODUCTION

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

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

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

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

The standards apply to all accredited clinical postgraduate PA programs.

**ELIGIBILITY**

Clinical postgraduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduates of an ARC-PA accredited entry level PA program who are National Commission on Certification of Physician Assistants (NCCPA) eligible or certified. Programs typically involve full time study of 12-24 months duration.

The ARC-PA accredits only qualified clinical postgraduate PA programs offered by, or located within institutions chartered by and physically located within, the United States and where PA residents are geographically located within the United States for their education.

Accredited clinical postgraduate PA programs must be established in:
- a) schools of allopathic or osteopathic medicine,
- b) colleges and universities affiliated with appropriate clinical teaching facilities,
- c) medical education facilities of the federal government, or
- d) hospitals, medical centers or ambulatory clinics.

The sponsoring institution should either be accredited:
- a) as an institution of higher education by a recognized regional or specialized and professional accrediting agency,
- b) by the Accreditation Association for Ambulatory Health Care (AAAHC),
- c) by the Commission on Accreditation of Rehabilitative Facilities (CARF) or,
- d) by the Joint Commission as a hospital/medical center or ambulatory clinic.

Eligible programs must follow the process of and use the forms provided by the ARC-PA.

Eligible programs must have their curriculum content and required clinical experiences reviewed by a panel of experts pre-approved by ARC-PA.

Eligible programs must be operational with at least one enrolled PA resident at the time of application.

Graduate degree programs and master’s completion programs without a strong focus on clinical education in a recognized clinical specialty discipline are not eligible to apply for accreditation.

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

### STANDARDS FORMAT

This version of the *Standards* includes *annotations* for some individual standards. *Annotations* are considered an integral component of the standards to which they refer. They clarify the operational meaning of the standards to which they refer and may be changed over time to reflect current educational or clinical practices. *Annotations* are not suggestions for methods of compliance. Such suggestions may be found in the Accreditation Manual.

**NOTES:** The term “*(PA) residents(s)*” as used in this document refers to those individuals enrolled in the *clinical postgraduate PA program*.

*Italics* are used to reflect words and terms defined in the glossary of this document.
SECTION A: ADMINISTRATION

INTRODUCTION

The administrative operation of a clinical postgraduate PA program involves collaboration between the faculty and administrative staff of the program and the sponsoring institution. As such, the sponsoring institution is explicitly committed to the success of the program. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. Well-defined policies reflect the missions and goals of the program and sponsoring institution. Program documents accurately reflect lines of institutional and programmatic responsibility as well as individual responsibilities. Resources support the program in accomplishing its mission.

A1 Sponsorship, Accreditation, Location

A1.01 One sponsor must be clearly identified as being ultimately responsible for the program.

A1.02 When more than one institution is involved in the provision of didactic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the involved institutions.

A1.03 The sponsoring institution, together with its affiliates, must be capable of providing didactic and clinical instruction and experience requisite to PA clinical postgraduate education.

A1.04 There must be written and signed agreements between the clinical postgraduate PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for PA residents.

ANNOTATION: Agreements typically specify whose policies govern and document PA resident access to educational resources and clinical experiences. While one agreement between the sponsoring institution and clinical entity to cover multiple professional disciplines is acceptable, these agreements include specific notations acknowledging the terms of participation between the clinical postgraduate PA program and clinical entity.

A1.05 The program must have a defined mission statement which is consistent with the mission of the sponsoring institution.

A2 Institutional Responsibilities and Resources

A2.01 The sponsoring institution assumes primary responsibility for:
   a) supporting curriculum planning and course selection by program personnel.
   b) coordination of classroom teaching and supervised clinical practice.
   c) appointment of program personnel.
   d) granting the credential documenting satisfactory completion of the clinical postgraduate PA program.
e) permanent maintenance of grades or credits for all components of the program.
f) assuring that PA residents are provided with a written agreement detailing the terms and conditions of their appointment or contract.
g) monitoring the implementation of the terms and conditions of the written agreement or appointment or contract by the program directors.
h) assuring that PA residents are provided with professional liability coverage for the duration of the program including a summary of pertinent information about this coverage during and after residency.
i) assuring that PA residents are provided with employee and health insurance benefits.
j) assuring that PA residents have access to insurance for disabilities resulting from activities that are part of the educational program.
k) assuring that appropriate security and personal safety measures are addressed for PA residents and personnel in all locations where instruction occurs.
l) teaching out currently matriculated residents in accordance with the institution’s regional accreditor or federal law in the event of program closure and/or loss of accreditation.

A2.02 The sponsoring institution must provide the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled PA residents.

A2.03 The sponsoring institution must provide the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled PA residents.

ANNOTATION: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities. They include sufficient technical and administrative support staff to support faculty in accomplishing their assigned tasks.

A2.04 The sponsoring institution must provide the program with the academic resources needed by the program, staff and PA residents to operate the educational program and to fulfill obligations to matriculating and enrolled PA residents.

ANNOTATION: Academic resources include sufficient patient population to provide clinical experiences for PA residents, computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information and current literature; the full text of current books, journals, periodicals and other reference materials related to the curriculum.

A2.05 The sponsoring institution must assure that the program has the following physical resources:
   a) adequate classrooms, labs, clinical practice sites for PA residents.
   b) sleeping rooms and food facilities available for all PA residents while on “in-patient” assigned call duty.
   c) space for confidential academic counseling of PA residents.
   d) secure storage for PA resident files and records.

A2.06 The sponsoring institution must assure that clinical support services, to include pharmacy, clinical laboratory and diagnostic imaging
a) are readily available to PA residents on clinical rotations.
b) must be available in numbers sufficient such that PA residents are not expected to serve as replacements for clinical support staff.

A3 Personnel

Program Faculty

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

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

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

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

A3.05 Program faculty must be responsible for the administration and coordination of didactic and clinical portions of the curriculum.

A3.06 Program faculty must be sufficient in number to meet the academic needs of enrolled PA residents.

A3.07 Program faculty are responsible for:
   a) developing the mission statement of the program.
   b) selecting applicants for entry into the program.
   c) providing instruction.
   d) evaluating PA resident performance.
   e) academic counseling.
   f) assuring the availability of remedial instruction.
   g) designing, implementing, coordinating, and evaluating curriculum.
   h) administering and evaluating the program.
   i) serving as advocates for the program within the sponsoring institution and the medical and academic communities

Program Director

A3.08 The program director must be a PA or a physician.
   a) If the program director is a PA, s/he must hold current NCCPA certification or current PA licensure by the state in which the program exists unless exempted from licensure under state or federal law.
   b) If the program director is a physician, s/he must hold a current, valid, unrestricted, and unqualified license to practice medicine as an allopathic or osteopathic physician in the state in which the program exists, and s/he may not hold any license that is restricted or qualified in any manner. In addition, s/he must be currently certified by an ABMS- or AOA-approved specialty board.
A3.09  The program director must have the requisite knowledge and skills to administer the program effectively.

A3.10  The program director must be knowledgeable about and responsible for the accreditation process.

A3.11  The program director must provide effective leadership and management.

A3.12  The program director must be knowledgeable about and responsible for the program's
   a) organization
   b) administration
   c) fiscal management
   d) continuous review and analysis
   e) planning
   f) development

A3.13  Together the program director and medical director must assure and document that adequate supervision of PA residents is provided.

Medical Director

A3.14  The medical director must
   a) hold a current, valid, unrestricted, and unqualified license to practice medicine as an allopathic or osteopathic physician in the state in which the program exists, and s/he may not hold any license that is restricted or qualified in any manner.
   b) be currently certified by an ABMS- or AOA- approved specialty board and experienced in the delivery of the type of health care services for which the PA resident is being educated.
   c) be knowledgeable about current practice standards and the PA role.
   d) support the program director in assuring that competent medical guidance is provided so that both didactic and supervised clinical instruction meets current acceptable practice.
   e) be an advocate for the program within the sponsoring institution and the medical and academic communities.

A3.15  If the position of medical director is shared, each individual must have defined roles and responsibilities.

Professional Development

A3.16  The program must provide the opportunity for continuing professional development of the program faculty by supporting the development of the clinical, teaching, scholarly, and administrative skills/abilities required for their role in the program.

ANNOTATION: Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities. The types of opportunities supported by institutions vary and may include funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for research/scholarly activities,
time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and fees related to certification maintenance and/or time needed for review and study.

A3.17 The program should support the PAs assigned to work in the program in maintaining their national NCCPA certification status.

**Instructional Personnel**

A3.18 In addition to the program and medical director, there must be sufficient additional instructional faculty to provide PA residents with the attention, instruction, and supervised practice experiences necessary to acquire the knowledge and competencies required to meet the objectives of the program.

A3.19 Program and instructional faculty must be
a) qualified through academic preparation and experience to teach assigned content.
b) knowledgeable in course content and effective in teaching assigned topics.

A3.20 All program and instructional faculty assigned to teach PA residents should be responsible for evaluating PA resident performance and identifying PA residents who are not meeting expected competencies.

A3.21 In each location to which a PA resident is assigned for instruction, there must be an individual designated to facilitate the supervision and assessment of the PA resident's progress in achieving program requirements.

**Administrative Support Staff**

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

**A4 Operations**

**Fair Practices and Admissions**

A4.01 The program, its faculty and PA residents must comply with applicable state PA practice legislation and regulations.

A4.02 The program must develop a schedule of PA resident educational activities that facilitates learning, performance and achievement of program competencies, allowing for safe and high quality patient care.

A4.03 PA residents must be provided with rapid, reliable systems for communicating with supervising physicians.

A4.04 Announcements and advertising must accurately reflect the program.

ANNOTATION: Institutions and programs are responsible for providing clear and credible information to stakeholders about all aspects of the program.

A4.05 All personnel and program policies must be consistent with federal and state statutes, rules and regulations.
A4.06 Admission of PA residents must be made in accordance with clearly defined and published practices of the institution and clinical postgraduate PA program.

A4.07 The following must be defined, published, and readily available to prospective and enrolled PA residents:
   a) policies and practices that favor specific groups of applicants.
   b) program eligibility requirements.
   c) policies regarding advanced placement.
   d) policies related to required duty hours.
   e) policies related to physician supervision of patient care.
   f) required academic standards.
   g) required technical standards.
   h) all required curricular components.
   i) academic credit offered by the program, if applicable.
   j) estimates of all costs related to the program which may be incurred by the PA resident.
   k) ARC-PA accreditation status.
   l) policies and procedures for PA resident withdrawal.
   m) policies and procedures for PA resident dismissal.
   n) policies and procedures for refunds of tuition and fees, if applicable.
   o) policies regarding PA residents’ moonlighting or otherwise working during the program.
   p) policies and procedures for processing PA resident/employee grievances
   q) policies describing how PA resident impairment, including that due to substance abuse, will be handled.
   r) policies covering sexual and other forms of harassment.
   s) policies related to remuneration and benefits
   t) policies addressing reduction in size or closure of a clinical postgraduate PA program, and how PA residents would be assisted in completing their education in such instances.

A4.08 Grievance and due process policies and procedures must address
   a) academic or other disciplinary actions taken against PA residents that could result in dismissal, nonrenewal of a PA resident’s agreement or other actions that could significantly threaten a PA resident’s intended career development.
   b) adjudication of PA resident complaints and grievances related to the work environment or issues related to the program or program faculty.

A4.09 Programs granting advanced placement must document that PA residents receiving advanced placement have:
   a) met program defined criteria for such placement.
   b) met institution defined criteria for such placement.
   c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.

A4.10 Applicants being considered for acceptance into the program must be informed in writing or by electronic means of the terms, conditions and benefits of appointment, to include
   a) PA resident responsibilities.
   b) duration of appointment.
   c) financial support.
d) vacations.
e) parental, sick and other leaves of absence.
f) professional liability.
g) hospitalization, health, disability and other insurance provided for PA residents and their families.
h) conditions under which living quarters, meals, laundry services, or their equivalents are to be provided.
i) conditions for reappointment.

A4.11 The following must be defined, published, and readily available to program faculty:
a) policies and procedures for processing PA resident grievances.
b) policies and procedures for processing employee grievances.

A4.12 PA residents must not be required to perform non patient related clerical or administrative work for the program that is not a component of the educational requirements of the program.

A4.13 PA residents must not have access to the records or other confidential information of other PA residents or program faculty.

PA Resident Records

A4.14 PA resident files kept by the program must include documentation
a) that the PA resident has met published admission criteria.
b) of the evaluation of PA resident performance while enrolled.
c) of remediation.
d) of disciplinary action.
e) that the PA resident has met institution health screening and immunization requirements.

Program Faculty Records

A4.15 Records of the program director, medical director and any program faculty assigned to the program at 0.25 FTE effort or greater must include:
a) a current job description that includes duties and responsibilities specific to each individual.
b) a current curriculum vitae (CV).

A4.16 The program must have ready access to a current CV for each course director, with emphasis on their qualifications for teaching that segment of the curriculum.

SECTION B: CURRICULUM

INTRODUCTION

The program curriculum enhances PA residents' abilities to provide patient centered care and collegially work in physician-PA teams in a specialty discipline. The curriculum supports the use of health information technology and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of clinical practice.
Section B addresses all aspects of the *curriculum*. The professional curricula for *clinical postgraduate PA program* education will vary somewhat by discipline, but is expected to address appropriate application of medical, behavioral and social sciences; patient assessment and clinical medicine; and clinical practice.

Programs need not have discrete courses for each of the instructional areas of the *curriculum*. However, *learning outcomes* related to all instructional areas are required elements of the *curriculum* and course *syllabi*.

**B1 Curriculum and Instruction**

B1.01 The *curriculum must* include didactic content as well as clinical skills and practice experiences applicable to the specialty of the program.

B1.02 The *curriculum must* be of sufficient breadth and depth to prepare the *PA resident* for clinical practice in the specialty of the program.

B1.03 The *curriculum design must* reflect sequencing that enables *PA residents* to meet defined program expectations.

ANNOTATION: The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the *curriculum*. It does not mandate that content be delivered in separate courses with traditional discipline names. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing are expected to build upon previously achieved *PA resident* learning.

B1.04 The program *must* provide *PA residents* with direct experience in progressive responsibilities for patient management.

B1.05 The program *must* assure educational equivalency of course content, *PA resident* experience, and access to didactic and clinical resources when instruction is:

   a) conducted at geographically separate locations.
   b) provided by different means for some *PA residents*.

B1.06 Upon program entry, the program *must* provide each *PA resident* with written criteria for successful progression to and completion of each component of the *curriculum* and for completion of the program.

B1.07 For each *didactic course and clinical rotation*, the program *must* provide each *PA resident* with a *written syllabus* that includes *instructional objectives* to guide *PA resident* acquisition of required *competencies*.

ANNOTATION: *Instructional objectives* stated in measurable terms allow assessment of *PA resident* progress in developing the *competencies* required for entry into practice. They address learning expectations of *PA residents* and the level of *PA resident* performance required for success.

B1.08 The program *must* orient instructional faculty and *preceptors* to the specific educational *competencies* expected of *PA residents*.
ANNOTATION: Program and instructional faculty need to work collaboratively in designing courses with appropriate learning outcomes and PA resident assessment tools that reflect the learning outcomes expected.

B1.09 The program must be responsible for the selection of clinical sites to which PA residents will be assigned for clinical rotations.

B1.10 The program must assure that the volume and variety of clinical experiences provides for a sufficient number and distribution of appropriate experiences/cases for each PA resident in the program to meet defined program expectations.

B1.11 The program must not require that PA residents provide or solicit their own clinical sites or preceptors for program-required clinical rotations. The program must coordinate clinical sites and preceptors for program required rotations.

ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. PA residents may make suggestions to program faculty for sites and preceptors but are not required to do so. PA resident suggested sites and preceptors are to be reviewed, evaluated and approved for educational suitability by the program.

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 Clinical Postgraduate PA Programs (Standards) as the point of reference. A well-developed process occurs throughout the year and across all components of the program. It critically assesses all aspects of the program relating to sponsorship, resources, PA residents, operational policies, and didactic and clinical curriculum. 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 PA Resident Evaluation

C1.01 The program must use objective evaluation methods that are administered equitably to all PA residents in the program.

C1.02 Objective evaluation methods must be related to expected PA resident competencies for all curriculum components.

C1.03 The program must conduct periodic, objective, and documented formative evaluations of PA residents to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.

ANNOTATION: PA resident assessment is both described and applied based on clear parallels between what is expected, taught and assessed. Thorough assessment includes both formative and summative evaluations and involves multiple assessment approaches with multiple
observations by multiple individuals. Performance is assessed according to the program’s pre-specified criteria and shared with the PA residents.

C1.04 The program must assess and document PA resident demonstration of professional behaviors.

C1.05 The program must monitor the progress of each PA resident in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established.

C2 Clinical Site Evaluation

C2.01 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA residents’ clinical practice experiences.

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and preceptors as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

C2.02 The program must assure and document that each clinical site provides the PA resident access to the physical facilities, patient populations, and supervision necessary to fulfill the program’s expectations of the clinical experience.

ANNOTATION: Site evaluation involves program faculty monitoring the sites used for clinical skills experiences or rotations and modifying them as necessary to ensure the expected learning outcomes will be met by each PA resident by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected learning outcomes. Documentation shows that preceptors are providing observation and supervision of PA resident performance while on clinical rotations and that they are providing feedback and mentoring to PA residents.

C3 Ongoing Program Evaluation

C3.01 The program must implement an ongoing program self-assessment process to continually and systematically review and assess the effectiveness of the education it provides, foster program improvement and assess its compliance with the accreditation standards.

ANNOTATION: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of PA resident learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence that the program gives careful thought to data collection, management and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

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

b) outcome data and critical analysis of:
   1) program faculty attrition.
   2) PA resident attrition, deceleration, and remediation.
   3) PA resident failure rates in individual courses and clinical rotations.
   4) PA resident evaluations of individual didactic courses, clinical rotations, and program faculty.
   5) faculty evaluation of the curricular and administrative aspects of the program.
   6) graduate evaluations of curriculum and program effectiveness.
   7) preceptor evaluations of PA resident performance and suggestions for curriculum improvement.

c) self-identified program strengths and areas in need of improvement.

d) modifications that occurred as a result of self-assessment.

e) plans for addressing areas needing improvement.

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

SECTION D: PA RESIDENT SERVICES

D1 PA Resident Health

D1.01 Health screening and immunization of PA residents must:
   a) be based on current Centers for Disease Control and Prevention recommendations for health professionals.
   b) be consistent with institutional policy.
   c) not be conducted by program faculty.

D1.02 Program faculty should not participate as health care providers for PA residents in the program, except in an emergency situation.

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

D1.04 Program faculty and staff should not have access to or review the confidential health records of PA residents, except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the PA resident.

ANNOTATION: Program faculty and staff may need access to such reports if they are participating in the care of PA residents. The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks a part of the health record.

D2 PA Resident Guidance

D2.01 The program must assure that guidance is available to assist PA residents in understanding and abiding by program policies and practices.

D2.02 The program must assure that PA residents have timely access to program faculty for assistance and counseling regarding their academic concerns and academic problems.
D2.03  The program *must* provide referral for counseling of *PA residents* with personal problems that may interfere with their progress in the program.

D3  **PA Resident Identification**

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

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**SECTION E: ACCREDITATION MAINTENANCE**

E1  **Program and Sponsoring Institution Responsibilities**

E1.01  In accordance with ARC-PA policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the ARC-PA, an accreditation action of Accreditation Withdrawn.

E1.02  The program *must* inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from The Joint Commission or the sponsoring institution's *regional or specialized and professional accrediting agency*.

E1.03  The program *must* agree to periodic comprehensive reviews that may include a site visit as determined by the ARC-PA.

E1.04  The program *must* submit surveys and reports as required by the ARC-PA.

E1.05  The program *must* inform the ARC-PA in writing of changes in the program director, medical director, or *key program faculty* within 30 days of the date of the effective change.

E1.06  The program *must* demonstrate active recruitment to fill vacated positions of the program director, medical director, or other *key program faculty*.

E1.07  If an interim program director (IPD) is appointed, this person *should* meet the qualifications of the program director.

E1.08  The appointment of an IPD *should* not exceed 12 months.

E1.09  The program *must* inform the ARC-PA in writing, no less than six months prior to implementation, of changes in the following:

a)  credential granted at program completion.

b)  requirements for program completion.

c)  program length.

d)  *maximum class size*.

e)  a substantive decrease in program support
ANNOTATION: Changes in requirements for program completion would include the addition of courses or any change that would result in increasing or decreasing the clinical length of the program by 1 month or greater.

A decrease in support for the program may refer to a decrease in allocated fiscal, human, academic or physical resources. A substantive decrease is one ≥ 20%. Reviewing program budget numbers is only one way of determining a decrease in support. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Programs may also find that space allocated to the program has been reduced. Federal, state or private grants or other funds awarded to the sponsoring institution or to outside agencies that supported individuals or program activities may not be renewed. *Instructional faculty* who have served as *preceptors* for *clinical rotations* may decide to no longer precept *PA residents*.

Programs are expected to consider the many ways in which their support may be reduced, giving careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational quality for the *PA residents*.

**E1.10** The sponsoring institution *must* inform the ARC-PA in writing of the intent to transfer *clinical postgraduate PA program* sponsorship as soon as it begins considering transfer.

**E1.11** The sponsoring institution *must* inform the ARC-PA in writing of the intent to close the *clinical postgraduate PA program* and the process it will use to assure that current *PA residents* complete the *clinical postgraduate PA program* or find placement in another *clinical postgraduate PA program*.

**E1.12** The *clinical postgraduate PA program* and the sponsoring institution *must* pay ARC-PA accreditation fees as determined by the ARC-PA.
### DEFINITIONS

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

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>ABMS</td>
<td>American Board of Medical Specialties</td>
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<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>Accurately</td>
<td>Free from error</td>
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<tr>
<td>Administrative support (staff)</td>
<td>Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff does 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.</td>
</tr>
<tr>
<td>Advanced placement</td>
<td>A waiver of required coursework included in the curriculum for applicants to the program and/or a waiver of required coursework included in the curriculum for currently enrolled PA residents in the program which results in the PA resident advancing in the curriculum without completing required curriculum components at the sponsoring institution.</td>
</tr>
<tr>
<td>Analysis</td>
<td>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.</td>
</tr>
<tr>
<td>Annotation(s)</td>
<td>Annotations are paragraphs that clarify the operational meaning of the standards to which they refer. Considered an integral component of the standards to which they refer, they may be changed over time to reflect current educational or clinical practices.</td>
</tr>
<tr>
<td>AOA</td>
<td>American Osteopathic Association</td>
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<tr>
<td>Clinical postgraduate PA program</td>
<td>Clinical postgraduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduates of an ARC-PA accredited entry level PA program who are National Commission on Certification of Physician Assistants (NCCPA) eligible or certified. Programs typically involve full time study of 12-24 months duration.</td>
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<td>Clinical rotation</td>
<td>Supervised clinical practice experiences involving direct patient care provided by a PA resident.</td>
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<td>DEFINITION</td>
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<tr>
<td>term</td>
<td>program, regardless of length of time of instruction or professional background of the instructor.</td>
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<tr>
<td>Instructional objectives</td>
<td>Statements that describe observable actions or behaviors the PA resident will be able to demonstrate after completing a unit of instruction.</td>
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<tr>
<td>Learning outcomes</td>
<td>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.</td>
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<tr>
<td>Maximum aggregate PA resident enrollment</td>
<td>The maximum potential number of PA residents enrolled simultaneously at any point in time.</td>
</tr>
<tr>
<td>Maximum class size</td>
<td>Maximum potential number of PA residents enrolled for each admission cycle.</td>
</tr>
<tr>
<td>Moonlighting</td>
<td>Professional and patient care activities that are external to the educational program.</td>
</tr>
<tr>
<td>Must</td>
<td>A term used to designate requirements that are compelled or mandatory. “Must” indicates an absolute requirement.</td>
</tr>
<tr>
<td>NCCPA</td>
<td>National Commission on Certification of Physician Assistants</td>
</tr>
<tr>
<td>PA resident(s)</td>
<td>Graduate PAs who are NCCPA-eligible or who hold current NCCPA certification and current state licensure (unless exempted by federal or state law) enrolled in a clinical postgraduate PA program.</td>
</tr>
<tr>
<td>Preceptor</td>
<td>A licensed and appropriately credentialed physician (MD or DO) serving to supervise the patient care activities of the PA resident.</td>
</tr>
<tr>
<td>Professional behaviors</td>
<td>Professional behaviors include, at a minimum, demonstration of respect for self and others, adherence to legal and regulatory requirements for PA practice, commitment to ongoing professional development, commitment to professional and ethical principles related to patient care, sensitivity to issues of diversity.</td>
</tr>
<tr>
<td>Program faculty</td>
<td>Health care professionals assigned to work with the clinical postgraduate PA program as a major component of their work assignment. This includes the program director and medical director at a minimum.</td>
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<tr>
<td>Prospective PA residents</td>
<td>Any individuals who have requested information about the program or submitted information to the program.</td>
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<tr>
<td>Published</td>
<td>Presented in written or electronic (Web) format.</td>
</tr>
<tr>
<td>Readily available</td>
<td>Made accessible to others in a timely fashion via defined program or institution procedures.</td>
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| Recognized regional or specialized and professional accrediting agencies | Accreditation Association for Ambulatory Health Care (AAAHC)  
American Osteopathic Association (AOA)  
Commission on Accreditation of Rehabilitative Facilities (CARF)  
The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations)  
Liaison Committee on Medical Education (LCME)  
Middle States Association of Colleges and Schools  
New England Association of Schools and Colleges  
North Central Association of Colleges and Schools  
Northwest Association of Schools and Colleges  
Southern Association of Colleges and Schools  
Western Association of Schools and Colleges |
<p>| Remediation | The program’s defined process for addressing deficiencies in a PA resident’s knowledge and skills, such that the correction of these deficiencies is measurable and can be documented. |
| Should | The term used to designate requirements that are so important that their absence must be justified. (The onus of this justification rests with the program; it is the program’s responsibility to provide a detailed justification why it is not able to comply with any standards including the term should.) |
| Succinctly | Marked by compact, precise expression without wasted words. |
| Sufficient | Enough to meet the needs of a situation or proposed end. |
| Syllabus | A document that includes the course/rotation name, description, goals; outline of topics to be covered; Instructional objectives/specific expected learning outcomes; methods of PA resident assessment/evaluation; and plan for determining successful completion of expected competencies. |
| Teaching Out | Allowing residents already in the program to complete their education. |
| Technical standards | Non-academic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession. |</p>
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<td>Timely</td>
<td>Without undue delay; as soon as feasible after giving considered deliberation.</td>
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<tr>
<td>Written</td>
<td>On paper or available in electronic format.</td>
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<tr>
<td>United States</td>
<td>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.</td>
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