



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

Accreditation Manual ©

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Disclaimer: This manual is provided strictly as an informational resource for physician assistant program faculty and staff. Adherence to any suggestions is completely voluntary and does not assure compliance with any accreditation standard(s). The suggestions provided should not be considered inclusive of all proper methods and procedures needed to obtain a successful accreditation outcome. The program director and faculty should apply their own professional skills and experience to determine the applicability to their program of any specific suggestion.

Table of Contents

Introduction	1
Accreditation Defined	1
ARC-PA Role and Goals	2
Process and Requirements for Accreditation	2
Definitions	5
Accreditation Policies	9
Accreditation Types and Review Cycle	9
<i>Accreditation Status</i>	9
<i>Review Cycle</i>	10
Noncompliance with Accreditation Actions and Procedures	10
Effective Date of Withdrawal	10
Program Closure/Voluntary Withdrawal	11
Voluntary Inactive Status	11
Accreditation Decision Process	11
Appeals of Adverse Actions	12
Confidentiality	12
<i>Public Information</i>	12
<i>Public Notification of a Program's Accreditation Status</i>	12
Complaints about Program Quality	13
Introduction to the <i>Standards</i>	14
Demonstrating Compliance with the <i>Standards</i>	15
Format of Evidence Suggestions	15
Responsibility for Demonstrating Compliance	16
Examples of Evidence of Compliance and Performance Indicators	17
Section A: Administration	17
Section B: Curriculum	30
Section C: Evaluation	39
Section D: Student Services	44
Section F: Accreditation Maintenance	46
Section E: Provisional Accreditation	49
Ongoing Program Self-Assessment	53
Background	53
Participants in the Self-Assessment Process	53
Definitions	54
Instructions for the Self-Study Report (SSR) or the Descriptive Report	54
Responding to Observations and Citations	55
Contact Information:	58

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, including current and prospective PA students, and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA only accredits qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education. (The United States are defined as “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.”)

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

The ARC-PA derives its identity from its history, its involvement with other accreditation organizations, its collaborating sponsors, and the PA profession.

This manual has been designed for use by currently accredited PA programs and those interested in starting PA programs. The ARC-PA hopes that the information provided will be useful and welcomes comments concerning the manual. Additional information on the ARC-PA and the accreditation process can be found at the ARC-PA web site (www.arc-pa.org).

Accreditation Defined

Accreditation is a process of external peer review. In the United States, the accreditation system is administered primarily by nongovernmental, voluntary organizations that grant recognition to institutions or specialized programs of study that meet established qualifications and educational standards. Compliance with such standards is determined through initial and subsequent periodic evaluations.

The accreditation process:

- encourages educational institutions and programs to continuously evaluate and improve their processes and outcomes,
- helps prospective students identify programs that meet nationally accepted standards,
- protects programs from internal and external pressures to make changes that are not educationally sound,
- involves faculty and staff in comprehensive program evaluation and planning and stimulates self-improvement by setting national standards against which programs can be measured.

Accreditation also benefits society by providing reasonable assurance of quality educational preparation for professional licensure and practice.

The ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA) for its accreditation of entry level PA programs. It is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to the ASPA code of ethics, as posted on the ASPA web site <http://www.aspa-usa.org/>.

ARC-PA Role and Goals

The role of the ARC-PA is to:

1. establish educational standards utilizing broad-based input,
2. define and administer the process for comprehensive review of applicant programs,
3. define and administer the process for accreditation decision-making,
4. determine if PA educational programs are in compliance with the established standards,
5. work together with its collaborating organizations,
6. define and administer a process for appeal of accreditation decisions

PA program accreditation must be voluntary, private, and nongovernmental. It must encourage efforts toward maximal educational effectiveness by building on mutual trust among all parties involved. It must be devoid of conflict of interest and assure due process.

The ARC-PA holds the philosophy that high quality education for all physician assistants best serves the interests of both the public and the PA profession and that ongoing program self-assessment is the foundation for improving quality in the content and processes of education.

The goals of the ARC-PA are to:

- Foster excellence in PA education through the development of uniform national standards for educational effectiveness and workforce preparedness to benefit the health of the public
- Foster excellence in PA programs by requiring continuous self-study and review
- Assure the general public, current and prospective PA students as well as professional, educational, and licensing agencies and organizations that accredited programs have met defined educational standards for preparing PAs for practice
- Provide information and guidance to individuals, groups, and organizations regarding PA program accreditation status, and the accreditation process.

Process and Requirements for Accreditation

The accreditation process is voluntary and is initiated only at the invitation of the PA program and sponsoring institution. The process is a multifaceted one, involving extensive review of the program by the program itself, as well as by the ARC-PA.

A critical component of the accreditation process is that of continuous program self-assessment. Continuous self-assessment is a comprehensive, regular, and analytical process conducted within the context of the mission and goals of both the sponsoring institution and the program whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies. Using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference, the program critically assesses all aspects of itself. It identifies strengths as well as problems, develops plans for corrective intervention, and

evaluates the effects of the interventions. Ongoing self-assessment provides the means by which programs can envision attain, and maintain quality PA education.

The accreditation process involves the program completing a Self-Study Report based on its self-assessment process and completing a detailed accreditation application in advance of an onsite evaluation (site visit) by ARC-PA prepared site visitors.

The purpose of the site visit is to allow the site visit team to verify, validate, and clarify the information supplied by the program in its application materials and Self-Study Report. The site visit team also reviews the nature and manner in which the program's objectives are being pursued, and the manner in which the program's self-identified concerns and problems are being addressed. The team evaluates the program based on the *Standards* and conveys its evaluation to the ARC-PA in light of the evidence presented *at the time of the site visit*. The team's observations about the program, in reference to the program's compliance with the *Standards*, are sent to the program shortly after the completion of the site visit.

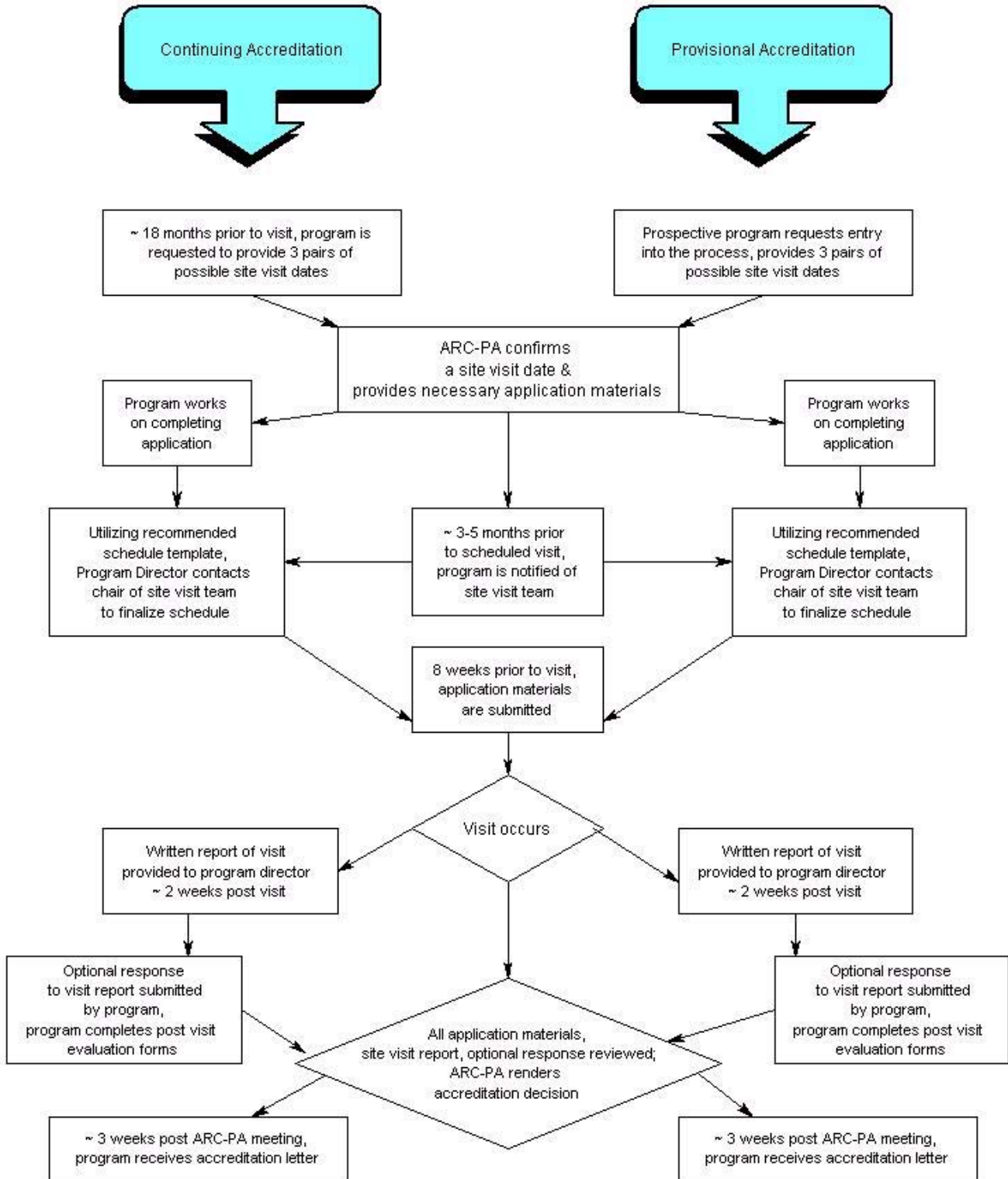
Within a specified period of time after the site visit, programs are invited, but not required, to respond to any of the observations contained in the site visit summary in order to eliminate errors of fact or challenge perceived ambiguities and misperceptions. The response should NOT be used to provide new information regarding changes made since the visit or plans for changes in response to the observations contained in the report.

Programs are reviewed by the full commission in March and September each year. Accreditation decisions are based on the ARC-PA's review of information contained in the accreditation application and Self-Study Report, the report of site visit evaluation teams, any additional requested reports or documents submitted to the ARC-PA by the PA program, and the program's past accreditation history. Additional data to clarify information submitted with the application may be requested at the time of the site visit. 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.

Accreditation Process



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



Definitions

ABMS	American Board of Medical Specialties
Accurately	Free from error
All sites	Sites used for supervised clinical practice in the curriculum, to include those for program required rotations or preceptorships as well as elective rotations or preceptorships throughout the program
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
Citations	Areas of the program judged not in compliance with the <i>Standards</i>
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
Core Faculty	The program director, medical director, and at least 2 additional FTE positions (occupied by no more than 4 individuals) who must be currently NCCPA-certified PAs
Course director	Faculty member primarily responsible for the organization, delivery, and evaluation of a course
Distant Campus	A campus geographically separate from the main PA program at which didactic or preclinical instruction occurs for all or some of the students enrolled
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs, and values
Equivalent	Resulting in the same outcomes or end results
Formative Evaluation	Intermediate or continuous evaluation of students that may include feedback to help in achieving goals
Geographic Scope	The ARC-PA only accredits qualified PA programs offered by, or located within institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education. (The United States are defined as “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.”)

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

General/Additional Comment(s)	Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA, the purpose of which is to clarify a global issue which may or may not be linked with a specific Standard(s). General or additional comments may convey a concern or express congratulatory comments. They are not used to give advice or specify “how to” resolve issue(s).
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 Objectives	A statement that describes what the learner will be able to do after completing a unit of instruction. Instructional objectives are related to intended outcomes, not to the process for achieving those outcomes.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of length of time of instruction or faculty rank
Long-term care settings	Facilities for patients who require assistance with activities of daily living or are unable to live independently
Maximum Aggregate Student Enrollment	The maximum potential number of students enrolled simultaneously at 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
Note	An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the <i>Standards</i> . The purpose of the “note” is to clarify the issue of noncompliance with a specific <i>Standard</i> for the program and not to specify “how to” comply with the cited Standard.
Observation	Wording used by the site visit team and shared with the program indicating that the team was unable to validate information provided in the materials as submitted by the program or that the program failed, in

writing or in person, to sufficiently demonstrate compliance with the *Standard*

PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants
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 or Specialized and Professional Accrediting Agencies	Liaison Committee on Medical Education American Osteopathic Association Middle States Association of Colleges and Schools- Commission on Higher Education (MSA-CHE) New England Association of Schools and Colleges- Commission on Institutions of Higher Education (NEASC-CIHE) North Central Association of Colleges and Schools- The Higher Learning Commission (NCA-HLC) Northwest Commission on Colleges and Universities (NWCCU), Southern Association of Colleges and Schools- Commission on Colleges (SACS) Western Association of Schools and Colleges- Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)
Remediation	The program's 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
Should	<p>The term used to designate requirements that are so important that their absence must be justified. Programs not meeting <i>should</i> standards will be expected to address why they are unable to do so within their self study report.)</p> <p>Note: The onus of this justification rests with the program; it is the program's responsibility to provide a detailed justification related to why it is not able to comply with any standards including the term <i>should</i>. As an example, standard A2.04 states that core program faculty <i>should</i> have appointments and privileges comparable to other faculty who have similar responsibilities within the institution. If this is not the case, the program needs to provide a justification as to why its faculty do not have such appointments.</p> <p>Such justifications need to be provided by programs to the ARC-PA for any <i>should</i> standard.</p>
Succinctly	Marked by compact, precise expression without wasted words
Sufficient	Enough to meet the needs of a situation or proposed end

Student(s)	Individuals enrolled in the professional phase of a PA program
Summative Evaluation	An assessment of the learner 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
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.
Timely	Without undue delay; as soon as feasible after giving considered deliberation

Accreditation Policies

Accreditation Types and Review Cycle

Accreditation Status

The ARC-PA confers six statuses of accreditation for entry level PA programs:

- a. Provisional Accreditation
- b. Accreditation
- c. Probationary Accreditation
- d. Administrative Probationary Accreditation
- e. Accreditation Withheld
- f. Accreditation Withdrawn

Provisional Accreditation is granted for a limited defined period of time to a new program that, at the time of the site visit, has demonstrated its preparedness to initiate a program in accordance with the *Standards*. Initial Provisional Accreditation visits are conducted during the calendar year prior to enrollment of the charter class of students.

Provisional Accreditation does not ensure any subsequent accreditation status.

Continued Accreditation is granted when 1) an established, currently accredited program is in compliance with the *Standards*, 2) a program holding Probationary Accreditation has demonstrated that it is once again in compliance with the *Standards*, or 3) a program holding Provisional Accreditation demonstrates compliance with the *Standards* after its follow-up provisional visit.

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

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

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

Accreditation Withheld is conferred when a program seeking provisional accreditation is not in compliance with the *Standards*.

Accreditation Withdrawn is conferred when an established program is determined no longer to be in compliance with the *Standards* and, thus, no longer capable of providing an acceptable

educational experience for its students, or when the program has failed to comply with ARC-PA accreditation actions or procedures.

Review Cycle

The maximum length of time between comprehensive visits for *established* PA Programs is 7 years.

The maximum length of time before the next site visit after a program's *follow up provisional visit* is 5 years.

The maximum length of time before the next site visit for a program completing a period of *probation* is 5 years.

A PA Program, once accredited, remains accredited until the program formally terminates its accreditation status or the ARC-PA terminates the Program's accreditation through a formal action. Accreditation does not end merely because a certain length of time has elapsed, but continues unless subject to formal termination by either the program or the ARC-PA. When the ARC-PA withdraws accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases.

Programs typically are subject to comprehensive review on a seven-year cycle. A site visit or any periodic reporting by the program does not affect the accreditation status of a program unless it is accompanied by a formal ARC-PA accreditation action.

Noncompliance with Accreditation Actions and Procedures

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

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

Effective Date of Withdrawal

When action is taken to withdraw accreditation, the effective date of withdrawal of accreditation shall be the date of ARC-PA decision.

In cases involving an appeal of the decision to withdraw accreditation, the program shall be considered accredited until completion of the appeal procedure. If the appeal upholds the

decision to withdraw accreditation, the effective date of withdrawal of accreditation shall be the date of the final appeal decision.

The establishment of an effective date of withdrawal in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity shall be mutually determined by the program and the ARC-PA.

Any student who enters a program after the effective date of withdrawal of accreditation will be entering an unaccredited program.

Programs that have had their accreditation withdrawn by the ARC-PA must reenter the accreditation process via the provisional accreditation pathway.

Program Closure/Voluntary Withdrawal

Programs that close or voluntarily withdraw from the accreditation process will lose their accreditation status and must begin the accreditation process again via the provisional accreditation pathway.

Voluntary Inactive Status

Inactive status may be granted to programs that temporarily elect not to accept new students and suspend instruction after the current students in the program complete the curriculum. Programs requesting inactive status **must** abide by the following:

- Programs must provide a reason for requesting inactive status.
- Programs may not matriculate, enroll, or instruct students while on inactive status.
- The date of the next scheduled site visit is not changed due to inactive status.
- Programs on inactive status are required to pay all ARC-PA designated dues and fees for accreditation services.
- Inactive status is limited to 2 years, after which accreditation of the program will be withdrawn.
- Programs deciding to become active within the 1-year period will be evaluated on a case-by-case basis by the ARC-PA. Depending on the changes in the program since becoming inactive, they may be scheduled for a comprehensive or focused visit, or may be required to reenter the accreditation process via the provisional accreditation pathway.

Accreditation Decision Process

Decisions on accreditation actions are made by a majority vote of ARC-PA Commissioners at a regular or special meeting at which a quorum is present; adverse actions require a 2/3 vote. The ARC-PA will not report to programs the votes on final accreditation. The ARC-PA is one whole body which makes final accreditation decisions based on its overall professional judgment, rather than individual members recording their independent votes on a program.

Each program being considered for accreditation action will be assigned to two (2) ARC-PA Commissioners as primary and secondary reviewers. These reviewers will evaluate the program's application and self-study materials as submitted to the ARC-PA, the site visitors' report, and the programs' response, if any. Their evaluation of these materials will be directed at

the program's compliance with the *Standards*. Based on their review, they will each present the program and their recommendation to the ARC-PA. Following these presentations and subsequent discussion, the ARC-PA shall vote formally on a motion regarding the accreditation status of the program and any requirements for progress reports or visits.

Appeals of Adverse Actions

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

1. Refusal to consider a program for accreditation,
2. Withholding of accreditation,
3. Assignment of probationary status,
4. Withdrawal of accreditation.

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

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing an appeal, the ARC-PA shall advise those inquiring that the program's accreditation status remains as it was prior to the appeal.

Confidentiality

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

Public Information

The following information is *not* considered confidential:

- Name and address of accredited programs and dates of accreditation
- Accreditation status of programs
- Names of ARC-PA commissioners and the professional organization that nominated them as a commissioner
- *Standards* for Accreditation of Physician Assistant Programs

Public Notification of a Program's Accreditation Status

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

In addition, accurate disclosure is required of each ARC-PA accredited program in reporting and publishing its own accreditation status.

ARC-PA staff monitors compliance with the requirement to notify students and applicants in the case of adverse actions and will advise the ARC-PA if the program has failed to comply with the specified procedure. If a program fails to comply, the ARC-PA takes appropriate action to

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

Complaints about Program Quality

The ARC-PA will investigate complaints regarding PA programs only if the complaint contains facts or allegations that, if substantiated, may indicate that the program is not following established ARC-PA policies or does not comply with accreditation *Standards*. The ARC-PA will only consider complaints submitted in writing and signed. The ARC-PA will not take any action based on an anonymous complaint. All investigations will be handled confidentially.

The ARC-PA will not intervene on behalf of an individual complainant regarding program or institutional issues and will not serve to mediate or determine the results of disputes between students or faculty and the PA program or institution.

Introduction to the Standards

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

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

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

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

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

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

The *Standards* acknowledge the ongoing evolution of the PA profession and continue to endorse competency-based education as a fundamental tenet of PA education. They reflect the realization that a commonality in the core professional curriculum of programs remains desirable and necessary in order to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice in a dynamic and competitive health care arena. The *Standards* allow programs to remain creative and innovative in program design and the methods used to enable students to achieve program goals and acquire the competencies needed for entry into clinical practice. They support the underlying rights of the sponsoring institution as it works with the

program to meet the *Standards*. Program mission statements should be consistent with the *Standards* and the mission of the sponsoring institution.

The ARC-PA supports the sponsoring institution's prerogative in awarding credentials and degrees, and encourages sponsoring institutions to recognize the evolution of the profession as one that requires a graduate level of curricular intensity. Institutions that sponsor PA programs are also encouraged to incorporate this higher level of academic rigor into their programs and acknowledge it with an appropriate degree.

The ARC-PA acknowledges ongoing change in the delivery of health care and in the education of health professionals. The needs of patients and society should be considered by the ARC-PA, the sponsoring institutions, and the programs. Establishing an environment that will foster and promote diversity is considered essential to educating PAs to provide service to others that is not exclusionary of any group, race, or culture. The various insights and resources offered by a diverse faculty, staff, and student body will increase the overall impact the PA profession can have on the future of the global community. PA programs are encouraged to have policies and practices addressing diversity of their student bodies and faculty.

Demonstrating Compliance with the *Standards*

The purpose of this section of the Accreditation Manual is to assist programs in demonstrating their compliance with the *Standards*. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but examples of various means and materials that programs can use to demonstrate their compliance with individual *Standards*. Programs may have documentation in addition to or instead of the suggested evidence that also demonstrates compliance.

As an example, Standard B7.04e states that "Supervised clinical practice experience should be provided in long-term care settings." The suggestions for evidence of compliance include some examples of how a program can demonstrate that its students have clinical experience in 'long-term care settings.' The *Standards* have a definition of long-term care settings as "facilities for patients who require assistance with activities of daily living or are unable to live independently." The suggestions for evidence of compliance indicate that programs can demonstrate compliance with this area by having a log of patients seen by each student during the clinical components of the program in 'long-term care settings,' i.e., those that included nursing homes, extended care facilities, rehabilitation facilities, assisted living centers, group homes, or hospice homes.

Format of Evidence Suggestions

Before each general section of the *Standards* is a paragraph that explains the intent of the section and provides some examples of materials that would be useful in demonstrating compliance for several of the individual standards within the section. Listing such materials and documents in the introductory section paragraph simplifies the table and eliminates the need to repeat the same content areas for multiple individual standards.

For example, section A indicates that compliance with many of the individual standards may be found in **institutional and program documents**, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files and

records. This listing is referred to later in the table simply as institutional and program documents.

The ARC-PA recognizes that sponsoring institutions and programs vary greatly in administrative and curricular design and format. The ARC-PA also recognizes that programs vary by history and that program faculty and staff include those new to PA education and accreditation as well as those with many years of experience. Therefore suggestions have been provided for almost every *Standard*. Some of the suggestions which may seem obvious to the experienced program director may not be as obvious to the new program director.

The ARC-PA will routinely review this manual. However, this section of the manual is a dynamic one and the ARC-PA will monitor the questions and comments it receives regarding its clarity and usefulness. Revisions will be made periodically as needed during the year to provide clarification about particular *Standards*.

Responsibility for Demonstrating Compliance

It is the responsibility of the PA program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases the ARC-PA is very prescriptive about what it needs to review, i.e., specific materials as listed in the application, appendices and required materials for review at time of visit. However, the ARC-PA does not address many process issues, allowing programs and institutions to develop those as best suited to their programs. Examples of process topics include the number of credits or hours assigned, format for curriculum and courses (i.e., traditional vs. problem-based), and delivery mechanisms. While the ARC-PA may require specific information to clarify process issues that may impact accreditation, it is the program's responsibility to address these in detail as specified in the *Standards*. For example, programs using a problem-based approach are still required to demonstrate their compliance with *Standards* B1.02 about breadth and depth of curriculum and B 1.06 about syllabi that define expectations and guide student acquisition of expected competencies.

Examples of Evidence of Compliance and Performance Indicators

Section A: Administration

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence related to this section is found in **institutional and program documents**, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files, and records addressing the content areas addressed in the *Standards*. Site visitors and ARC-PA commissioners will be reviewing materials to look for accuracy of current policies and procedures as well as for consistency across materials addressing the same content areas.

In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Compliance / performance examples
A1.01a	The sponsoring institution must be accredited by a recognized regional or specialized and professional accrediting agency to award graduates of the PA program a baccalaureate or higher degree. ¹	Copy of accreditation notice, accreditation certificate
A1.01b	The sponsoring institution must be authorized under applicable law to provide a program of post secondary education.	Program's documentation of current regional accreditation or document from state so indicating (Note: may be available on web site http://www.chea.org/degremills/frmStates.htm)
A1.02	One sponsor must be clearly identified as being ultimately responsible for the program.	Identified on the Program Data sheet submitted with the application
A1.03	When more than one institution is involved in the provision of academic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the	Copy of written agreement documenting relationship and responsibilities between sponsoring institution and other institution(s) involved. May be an affiliation agreement, Memorandum of Understanding or Business Agreement

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

Standard

Compliance / performance examples

involved institutions.

A1.04	The sponsoring institution, together with its affiliates, must be capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education.	Affiliation agreements in quantity sufficient to provide for clinical training for currently enrolled students. If clinical experience sites are limited in number, the affiliation agreement(s) must detail the specialty of rotations offered and the number of students accommodated per year. (Some evidence will be demonstrated in review of Curriculum section B)
A1.05	Accredited PA programs must be established in: a) schools of allopathic or osteopathic medicine. b) colleges and universities affiliated with appropriate clinical teaching facilities. c) medical education facilities of the federal government.	Evident from program data sheet and application.
A1.06	The sponsoring institution has primary responsibility for a) supporting curriculum planning and course selection by program faculty and staff. b) appointment of faculty and staff. c) maintaining student transcripts permanently. d) granting the degree and/or credential documenting satisfactory completion of the educational program. e) assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs.	Minutes of curriculum and planning meetings Copies of academic appointment letters from the sponsoring institution in faculty files, policies re hiring and firing, documentation about how searches are conducted, time line for these processes Transcripts will be maintained by Registrar Credential awarded by sponsoring institution Measures to ensure student/faculty safety, e.g. program and institutional policies or manuals, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and in sites used for supervised clinical practice, harassment prevention policies and

Standard

Compliance / performance examples

procedures, conflict resolution processes

A1.07 The sponsoring institution must assure that the program has the following fiscal, human, and academic resources:

a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students,

Budget will be such that resources are assured for current classes, even in event of program closure.

b) the human resources needed to operate the program,

Faculty and staff positions filled

c) the human resources needed to process admission applications,

Personnel to handle admissions process in place

d) sufficient computer hardware, software, and audio/visual equipment for the faculty and staff to perform their duties,

Working, modern equipment available for faculty and staff

e) sufficient office equipment and supplies for the faculty and staff to perform their duties,

Working, modern equipment and sufficient supplies available for faculty and staff

f) sufficient instructional materials for the faculty and staff to perform their duties,

Working, modern instructional materials available for faculty and staff

g) access to and training in the use of the internet, including medical and other health-related electronic databases, for core faculty and students,

Class rooms available for instruction in using computer technology, with appropriate instruction for needs of learners and with schedule of classes that allows those in need to attend; library with online data bases available

h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty.

Physical proximity of library facilities or ready access to online materials, library/computer lab with extended hours for student use

Standard

Compliance / performance examples

A1.08	The sponsoring institution must assure that the program has: a) classroom and laboratory environments conducive to student learning. b) appropriate space for confidential academic counseling of students by core faculty. c) offices sufficient for core faculty to perform their duties. d) space for program conferences and meetings.	For A1.08a-d, verification at time of visit of program's description in application
	e) secure storage for student files and records.	Policies and procedures for access to student files, tour of space during visit
A2.01	Core program faculty must possess the qualifications by education and experience to perform their assigned duties.	Current CVs included in application and available for visit showing education and experience
A2.02	Core program faculty must include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs. The latter two FTE positions cannot be occupied by more than four individuals.	Current CVs, interviews with core faculty during visit
A2.03	Core faculty must be sufficient in number to meet the academic needs of enrolled students.	Review of updated faculty position descriptions, FTE status, review of SSR re this and Std C2.01b2 and C2.01b4
A2.04	Core program faculty should have appointments and privileges comparable to other faculty who have similar responsibilities within the institution.	Review of faculty manual and/or policies related to employment classification/rank, institutional documents (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not this standard will be expected to address why they are unable to do so within their self study report.)

Standard

Compliance / performance examples

A2.05	Core program faculty must have responsibility for	
	a) developing the mission statement for the program.	Program planning minutes so indicating
	b) selecting applicants for admission to the PA program.	Written description of selection process explaining role of core faculty
	c) providing student instruction.	Documentation listing each core faculty member's course and instruction responsibilities, course listings with primary instructors listed, daily academic schedule listing instructors
	d) evaluating PA student performance.	Description of faculty role in so doing; faculty signed clinical performance skills check lists such as physical examination
	e) academic counseling of PA students.	Documentation of faculty-student counseling sessions re student performance
	f) assuring the availability of remedial instruction.	Documentation in student records regarding remedial instruction
	g) designing, implementing, coordinating, and evaluating curriculum.	Program planning minutes so indicating
	h) administering and evaluating the program.	Program planning minutes so indicating, comparison to documentation evidence in Sections B and C
A2.06	The program director should be a PA or a physician	Current CV with educational background. If the program does not have a PA or physician as program director, it is the program's responsibility to provide a detailed justification related to why it is not able to comply with this expectation. In support of this justification would be position description, advertisement used for hiring and placement of the ad, search committee records re applications and qualifications of applicants (without personal identifying information).
	a) If the program director is a PA, s/he must hold current NCCPA certification or current PA licensure by the	Current CV with certification and/or licensure information

Standard

Compliance / performance examples

	state in which the program exists ²	
	b) If the program director is a physician, s/he must hold current licensure as an allopathic or osteopathic physician in the state in which the program exists, and must be certified by an ABMS- or AOA-approved specialty board. ³	Current CV with certification and/or licensure information
A2.07	The program director must not be the medical director. ⁴	Current CVs
A2.08	The program director should be assigned to the program on a full time basis.	Current CVs (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not this standard will be expected to address why they are unable to do so within their self study report.)
A2.09	The program director must provide effective leadership and management.	Written evaluations of PD by students, faculty, discussion with Dean or other institutional administrators
A2.10	The program director must be knowledgeable about and responsible for the accreditation process.	Completeness of application submitted, including appendices, SSR; arrangements made for visit, including schedule and materials prepared for visitors
A2.11	The program director must be knowledgeable about and have primary responsibility for	
	a) the program's organization.	Diagram of institutional reporting and organizational structure
	b) the program's administration.	Diagram of institutional reporting and organizational structure
	c) the program's fiscal management.	Diagram of institutional reporting and organizational structure, verified in specific discussions during visit about fiscal management and responsibility

² Programs accredited prior to 3/1/06 will be held to this Standard only when a new program director is appointed.

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

	Standard	Compliance / performance examples
	d) the program's continuous review and analysis.	Self-study process and document, minutes of faculty/planning/curriculum meetings
	e) the program's planning.	Self-study process and document, minutes of faculty/planning/curriculum meetings
	f) the program's development.	Self-study process and document, minutes of faculty/planning/curriculum meetings
A2.12	The program director must supervise the medical director, faculty, and staff in all activities that directly relate to the PA program.	Diagram of institutional reporting and organizational structure
A2.13	The medical director must be	
	a) currently licensed allopathic or osteopathic physician. ⁴	Current CV with licensure information
	b) certified by an ABMS- or AOA-approved specialty board. ⁵	Current CV with certification information
	c) knowledgeable in current practice standards and the PA role.	Current CV
	d) an advocate for the program within the medical and academic community.	Verification at time of visit of program's description in application; # of recruited/referred preceptors/sites; # of visits, presentations, talks in which PA program was discussed & clinical teaching opportunities presented
	e) responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards.	Program planning minutes indicating medical director participation, position description for medical director
A2.14	If the position of medical director is shared, each individual must have defined roles and	Position descriptions

⁴ Medical directors appointed on or after 3/1/06 "should" have their current licensure in the state in which the program exists.

⁵ Medical directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.

Standard

Compliance / performance examples

	Standard	Compliance / performance examples
	responsibilities.	
A2.15	The program must provide the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities.	Written program policies, institutional documents, documents in core faculty file indicating professional development including clinical updating and skill enhancement in educational techniques, core faculty CVs, listing of the continuing professional development activities of the core faculty
A2.16	The program must support core PA faculty in maintaining their NCCPA certification status.	Application, written program policies, documents in core faculty file indicating professional development, core faculty CVs
A2.17	In addition to the core program faculty, there must be sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession.	Listing of all instructors involved in program, including content and hours taught, for entire curriculum (didactic and clinical), table showing each course, listing principle and secondary faculty assigned to courses
A2.18	Instructional faculty must be a) qualified through academic preparation and experience to teach assigned subjects. b) knowledgeable in course content and effective in teaching assigned subjects.	Faculty CVs, student completed evaluations of faculty Student completed evaluations of faculty
A2.19	Instructional faculty should participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives.	Written description of instructional faculty role, documentation of student faculty interactions for students not performing well, documentation of instructional faculty notes to core faculty re student performance (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not this standard will be expected to address why they are unable to do so within their self study report.)
A2.20	Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and	Listing of those providing clinical supervision, indicating their professional medical titles/background

Standard

Compliance / performance examples

PAs.

A2.21	The program should not rely principally on resident physicians for didactic or clinical instruction.	Listing of those providing clinical supervision, indicating their professional medical titles/background (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not this standard will be expected to address why they are unable to do so within their self study report.)
A2.22	In each location to which a student is assigned for didactic or supervised practice instruction, there must be an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements.	Listing of who is so designated for each site
A2.23	There must be sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them.	All department positions filled, job descriptions of PA faculty do not include clerical, audiovisual, and computer support functions. (While understood that most PA faculty must perform some of these tasks on occasion, other staff should be assigned these roles for routine functioning.)
A2.24	Student workers may be used by, but must not be substituted for, administrative and technical support staff.	All non-student paid positions filled, no reduction in staff positions from prior years by substituting student workers
A3.01	Program policies must apply to all students and faculty regardless of location.	Written program policies consistent (for programs with more than one main program site),
A3.02	The program must provide students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus.	Application, documents from each geographic site demonstrating equivalency
A3.03	Announcements and advertising must accurately reflect the program offered.	Institutional and programs written and electronic documents (consistent with each other and reflective of reality of program)
A3.04	All personnel and student policies must be consistent with	Policies reviewed by institutional administrators/legal counsel with this standard

Standard	Compliance / performance examples
federal and state statutes, rules, and regulations.	in mind, description in application of policy review to assure compliance
A3.05 Admission of students must be made in accordance with clearly defined and published practices of the institution and program.	Written admission policies and procedures adhered to as evidenced by review of applicant and selected student files
A3.06 The program should not require that students supply their own clinical sites or preceptors for program-required clinical rotations.	Written program policies (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not this standard will be expected to address why they are unable to do so within their self study report.)
A3.07 The following must be defined, published, and readily available to prospective and enrolled students:	For A3.07 a-m, institution and program documents and website
a) any institutional policies and practices that favor specific groups of applicants,	Program policies and procedures,
b) requirements for prior education or work experience,	Published academic and technical standards
c) policies regarding advanced placement,	
d) required academic and technical standards,	
e) all required curricular components,	
f) academic credit offered by the program,	
g) estimates of all costs related to the program,	
h) ARC-PA accreditation status,	
i) first time PANCE pass rates for the five most recent graduating classes,	This standard is met when the program provides the first time pass rate for each graduating class separately, and not when it provides an average over the past five years. If the program provides national NCCPA

Standard

Compliance / performance examples

comparison data for the same time period, the data must be of a comparable nature, i.e., national data must also reflect first time pass rates by year and not be an average of all exam takers for the year. (In addition, providing data about the outcomes of the program in a misleading fashion would be a violation of Standard A3.03 “announcements and advertising must accurately reflect the program offered.”)

- j) policies and procedures for student withdrawal,
- k) policies and procedures for refunds of tuition and fees,
- l) policies that limit or prevent students from working during the program,
- m) policies and procedures for processing student grievances.

A3.08 Programs granting advanced placement must document that students 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.

Detailed program criteria for granting advanced placement, which may differ from course to course, records of students granted advanced placement

Detailed institutional criteria for granting advanced placement, which may differ from course to course, records of students granted advanced placement

Documentation of competencies assessed and student performance

A3.09a Policies and procedures for processing student grievances

Program/institutional policies, manuals

	Standard	Compliance / performance examples
	must be defined, published, and readily available to faculty.	
A3.09b	Policies and procedures for processing faculty grievances must be defined, published, and readily available to faculty.	Program/institutional policies, manuals
A3.10	PA students must not have access to the records or other confidential information of other PA students.	Policies and procedures for access to program policies regarding student access to their records, review of student records
A3.11	PA students must not be required to work for the program.	Program policies
A3.12	During clinical experiences, PA students must not be used to substitute for clinical or administrative staff.	Program policies, preceptor orientation materials/correspondence
A3.13	Student files kept by the program must include documentation	Student files organized using a consistent format for each file, with components flagged for site visitors. For A3.13a-f, student files
	a) that the student has met published admission criteria.	contain documentation (check list) that each student met admission criteria
	b) of the evaluation of student performance while enrolled.	contain summary sheet of student performance for each curricular component
	c) of remediation.	include evidence of any remediation
	d) of disciplinary action.	include documentation of any disciplinary action
	e) that the student has met institution and program health screening and immunization requirements.	include appropriate documentation (NOT student health records), policies and procedures for information kept in student files
A3.14	Core faculty records must include	
	a) current job descriptions that include duties and responsibilities specific to each core faculty member.	Faculty records, position descriptions

Standard

Compliance / performance examples

- b) current curriculum vitae.
- A3.15 The program must have current curriculum vitae for each course director.

Core faculty records contain current CVs

Course director current CVs available to visitors

Section B: Curriculum

Section B addresses the entire curriculum, including the didactic and supervised clinical practice components. Much of the evidence related to this section is found in program documents, such as catalogues, student handbooks/manuals, web sites, course syllabi, student files and records describing the content areas addressed in the *Standards*.

Site visitors and ARC-PA commissioners will be reviewing materials to look for accuracy with currency of content, as well as for consistency across materials addressing the same content areas. In reviewing **course-related materials**, they will be looking at course syllabi, instructional objectives/expected competencies, content outlines, lecture notes, instructional methods/activities, handouts, and blank as well as completed evaluation instruments. For supervised clinical practice-related *Standards* requiring that the program document learning experiences, the program should provide **documentation of patient encounters**, in whatever manner it collects and follows such data.

In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
B1.01	The curriculum must include core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.	Course-related materials
B1.02	The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.	Course syllabi include higher level instructional objectives and define expected competencies appropriate for clinical practice
B1.03	The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.	Graphic display of the curriculum design and sequencing, course sequence in conjunction with course syllabi as well as instructional objectives/expected competencies demonstrate a curriculum that sequentially builds previous knowledge and competencies
B1.04	The program must assist students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving.	Course syllabi, instructional objectives/expected competencies include instructional methods and student evaluation mechanisms related to development, application and evaluation of these skills

	Standard	Evidence Suggestions / Performance Indicators
B1.05	The program must provide students with published expectations of student outcomes and behaviors required for successful completion of the program.	Student manual, program brochure, web site, etc
B1.06	For each didactic and clinical course, the program must provide a published syllabus that defines expectations and guides student acquisition of expected competencies.	Course syllabi are clear in defining expectations and provide guidance / include resources to assist students in meeting competencies
B1.07	The program must orient instructional faculty and preceptors to the specific educational competencies expected of PA students.	Application, orientation materials for faculty and preceptors, correspondence to faculty and preceptors
B1.08	Programs must educate students regarding issues related to intellectual honesty and academic and professional misconduct.	Course-related materials
B1.09	The program must prepare students to provide medical care to patients from diverse populations.	Syllabi, instructional objectives/expected competencies, content outlines, evaluation instruments
B1.10	The program must assure educational equivalency of course content, student experience, and access to didactic and laboratory materials	
	a) when instruction is conducted at geographically separate locations.	Application and SSR, documents showing comparison of course content, student experience, and access to didactic and laboratory materials for different geographic locations
	b) when instruction is provided by different means for some students.	Application and SSR, documents showing comparison of course content, student experience, and access to didactic and laboratory materials, when instruction is provided by different means (such as online

	Standard	Evidence Suggestions / Performance Indicators
B3.02	<p>The program must provide students with instruction in patient assessment and management, including</p> <ul style="list-style-type: none">a) techniques of interviewing and eliciting a medical history.b) performance of physical examinations across the life span.c) generation of differential diagnoses.d) ordering and interpretation of diagnostic studies.e) development and implementation of treatment plans.f) presentation of patient data in oral form.g) documentation of patient data.h) appropriate referral of patients.	<p>For B3.02a-e, course-related materials to include data reporting hands-on practicum time allotted to these activities</p>
B3.03	<p>The program must provide instruction in clinical medicine covering all organ systems.</p>	<p>Course-related materials</p>
B3.04	<p>The program must provide instruction in the following important aspects of patient care:</p> <ul style="list-style-type: none">a) preventive,b) acute,c) chronic,d) rehabilitative,e) end-of-life.	<p>For B3.04a-e, course-related materials</p>
B3.05	<p>The program must provide instruction in technical skills and procedures based on current professional practice.</p>	<p>List of technical skills and procedures taught, curriculum outlines, course syllabi, handouts, lecture notes, data reporting hands-on practicum time allotted to this activity</p>

	Standard	Evidence Suggestions / Performance Indicators
B4.01	<p>The program must provide instruction in basic counseling and patient education skills necessary to help patients and families:</p> <ul style="list-style-type: none">a) cope with illness and injury.b) adhere to prescribed treatment plans.c) modify their behaviors to more healthful patterns.	For B4.01 a-c, course-related materials
B4.02	<p>The program must provide instruction in the following areas:</p> <ul style="list-style-type: none">a) normal psychological development of pediatric, adult, and geriatric patients.b) detection and treatment of substance abuse.c) human sexuality.d) end of life issues.e) response to illness, injury and stress.f) principles of violence identification and prevention.	For B4.02 a-f, course-related materials
B5.01	<p>The program must provide instruction to equip students with the necessary skills to search, interpret, and evaluate the medical literature in order to maintain a critical, current, and operational knowledge of new medical findings including its application to individualized patient care.</p>	Course-related materials

	<i>Standard</i>	Evidence Suggestions / Performance Indicators
B6.01	<p>The program must provide instruction in the following areas:</p> <ul style="list-style-type: none">a) the impact of socioeconomic issues affecting health care.b) health care delivery systems and health policy.c) reimbursement, including documentation, coding, and billing.d) quality assurance and risk management in medical practice.e) legal issues of health care.f) cultural issues and their impact on health care policy.	Course-related materials
B6.02	<p>The program must provide instruction in medical ethics to include the following:</p> <ul style="list-style-type: none">a) the attributes of respect for self and others.b) professional responsibility.c) the concepts of privilege, confidentiality, and informed patient consent.d) a commitment to the patient's welfare.	Course-related materials

	Standard	Evidence Suggestions / Performance Indicators
B6.03	<p>The program must provide instruction in the following:</p> <ul style="list-style-type: none">a) the history of the PA profession.b) current trends of the PA profession.c) the physician-PA team relationship.d) political and legal issues that affect PA practice.e) PA professional organizations.f) PA program accreditation.g) PA certification and recertification.h) licensure.i) credentialing.j) professional liability.k) laws and regulations regarding prescriptive practice.	<p>For B6.03 a-k, course-related materials</p>
B7.01	<p>The program must provide medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice.</p>	<p>Policies and procedures for student placement at clinical sites, rotation plans for all students in clinical phase, documentation maintained on evaluation <u>by the program</u> of site in terms of ability to provide experiences needed, completed student evaluations of sites used, documentation of patient encounters</p>
B7.02	<p>The program must assure that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location.</p>	<p>Documentation maintained on evaluation <u>by the program</u> of site in terms of ability to provide experiences needed (i.e., completed site visit forms, documentation of phone calls), completed student evaluations of sites used, summary and comparison of documentation of patient encounters</p>

	Standard	Evidence Suggestions / Performance Indicators
B7.03	<p>The program must document that every student has supervised clinical practice experiences with patients seeking:</p> <ul style="list-style-type: none">a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly.b) prenatal care and women's health care.c) care for conditions requiring inpatient surgical management, including pre operative, intra-operative, and post operative care.d) care for conditions requiring emergency management.e) care for psychiatric / behavioral conditions.	<p>Documentation of patient encounters</p>
B7.04	<p>Supervised clinical practice experiences should be provided in the following settings:</p> <ul style="list-style-type: none">a) outpatient,b) emergency room/department,c) inpatient,d) operating room,e) long term care.	<p>For B7.04 a-e, lists of clinical sites, clinical rotation schedule, documentation of patient encounters (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not meeting any subcomponent of this standard will be expected to address why they are unable to do so within their self study report.)</p> <p>Free standing urgent care centers are not equivalent to using emergency rooms or emergency departments.</p> <p>Long term care experiences limited to history and physical examinations conducted during the physical assessment portion of the curriculum do not meet Standard B7.04e.</p>

Standard	Evidence Suggestions / Performance Indicators
<p>B7.05 Supervised clinical practice experiences should occur with residency trained physicians or other licensed health care professionals experienced in the following disciplines:</p> <ul style="list-style-type: none">a) emergency medicineb) family medicinec) general internal medicined) general surgerye) general pediatricsf) psychiatryg) obstetrics & gynecology	<p>For B7.05 a-g, list of physicians and their specialties, and other licensed health care professionals and their discipline who are currently providing significant portions of the supervised clinical practice rotations.</p> <p>(The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not meeting any subcomponent of this standard will be expected to address why they are unable to do so within their self study report.)</p>

Section C: Evaluation

This section addresses evaluation across the program, to include the students, curriculum, and clinical sites. A major focus of this section is the program's ongoing self-assessment process and analysis of the outcomes of that process, as well as the changes made based on the outcomes. Much of the evidence related to Section C is described in program documents such as student handbooks/manuals, web sites, and course syllabi, and found in program planning files and records, student files and records, evaluation tools, and surveys.

Site visitors and ARC-PA commissioners will be reviewing materials to look for the processes and outcomes of evaluation, as well as how changes are made in the program based on these. They will look at the methods and frequency of methods used by the program to collect and analyze data needed for ongoing self-assessment over time and how the program applies the results of data analysis to program improvement. The Self-Study Report, and data supporting it, are critical pieces of evidence for this section. Site visitors will review the source data used for the SSR, verifying that the resulting data analysis reflects the data gathered. Lack of analysis of data is often noted by visitors and commissioners as they review SSRs.

In reviewing **student evaluation materials**, they will be comparing information described in course syllabi and instructional objectives/expected competencies with evaluation processes and outcomes. They will need to review blank and completed evaluation instruments used to evaluate student performance across the curriculum. Documents related to identifying students having difficulty in the curriculum and how the program assists those students are important to this section.

In reviewing materials related to **clinical site evaluation**, visitors and commissioners will review documents related to the evaluation of clinical sites for the site's ability to offer an educational experience that not only provides the patient encounters needed, but that also assists the student in development of interpersonal and diagnostic and problem-solving skills. They will also review documents related to the evaluation of those serving to supervise the students during clinical experiences.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
C1.01	The program must regularly collect and analyze the following qualitative and quantitative information to support an ongoing process of monitoring and documenting program effectiveness:	For C1.01 a-f, source data collected, SSR

Standard	Evidence Suggestions / Performance Indicators	
<p>a) student attrition, deceleration, and remediation.</p> <p>b) faculty attrition.</p> <p>c) student failure rates in individual courses and rotations.</p> <p>d) student evaluations of individual didactic courses, clinical experiences, and faculty.</p> <p>e) graduate evaluations of curriculum and program effectiveness.</p> <p>f) preceptor evaluations of student performance and suggestions for curriculum improvement.</p> <p>g) graduate performance on the PANCE.</p>	<p>e) Note: collecting data from soon-to-graduate students as a component of an exit survey will not provide the data needed to address this standard.</p>	
C1.02	<p>The program must apply the results of ongoing program assessment to the curriculum and other dimensions of the program.</p>	<p>Data maintained on graduate performance on the PANCE over time, analysis of data in SSR</p> <p>Program planning minutes, curriculum committee minutes, selection/admissions committee minutes; changes in courses (requirements, content, instructional methods, evaluation), SSR</p>
C2.01	<p>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 self-assessment.</p> <p>The Self-Study Report must follow the guidelines provided by the ARC-PA</p>	<p>Well-written SSR accurately and succinctly documents the process and results of ongoing self-assessment, including tables with analysis as defined by ARC-PA</p> <p>SSR follows prescribed content and page limitation</p>

Standard

Evidence Suggestions / Performance Indicators

The Self-Study Report, at a minimum, must document the following:

- a) the program's process of ongoing self-assessment
- b) outcome data and critical analysis of:
 - 1) student attrition, deceleration, and remediation.
 - 2) faculty attrition.
 - 3) student failure rates in individual courses and rotations.
 - 4) student evaluations of individual didactic courses, clinical experiences, and faculty.
 - 5) graduate evaluations of curriculum and program effectiveness.
 - 6) preceptor evaluations of student performance and suggestions for curriculum improvement.
 - 7) the most recent five-year first time and aggregate graduate performance on the PANCE
- 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.

SSR documents program's process of ongoing self-assessment including methods and frequency of components

For C2.01b 1-7, SSR includes outcome data and critical analysis over time of listed components, with enough supporting evidence to justify program's conclusions from analysis

5) analyzing data from soon-to-graduate students will not demonstrate compliance with this standard.

7) printed form from NCCPA that includes this data

SSR includes program strengths and areas in need of improvement

SSR includes modifications that occurred over time as a result of self-assessment

SSR includes plans for addressing areas needing improvement (a multi-year summary chart of issues, recommendations and follow-up actions is helpful)

C3.01	The program must use objective evaluation methods that are administered equitably to all students in the program.	Policies and procedures regarding student evaluation, evaluation instruments for all courses/content areas
C3.02	Objective evaluation methods must be related to expected student competencies for both didactic and supervised clinical education components.	Comparison of student evaluation instruments to expected competencies for entire curriculum
C3.03	The program must conduct frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.	Schedule of when objective formative evaluations occur across the curriculum, course syllabi, methodology and evaluation instruments used
C3.04	The program must assess and document student demonstration of professional behaviors.	Methodology used and timing of assessment of student professional behaviors
C3.05	The program must monitor the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established.	Record of student performance in each course offered, student files indicating meeting with faculty and means of remediation employed
C3.06	The program must document a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice.	Methodology and instruments used for summative evaluation, results of summative evaluation of each student
C4.01	The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences.	Description of process for initial and ongoing clinical site evaluation and preceptor evaluation to include format and timing of evaluations; forms completed by faculty; evaluations completed by students Process should be consistent across sites and program evaluators and should be effective in identifying sites that do not meet

requirements for allowing students to meet expected competencies.

- | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| C4.02 | The program must apply comparable evaluation processes to clinical sites regardless of geographic location. | Comparison of evaluation documentation maintained on each site in relation to defined program process |
| C4.03 | The program must ensure and document that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience. | Documentation on site physical facility, patient demographics, student supervision (evaluation by program, student patient encounter logs) |

Note: The International Affairs Committee of the Physician Assistant Education Association (PAEA) has compiled and developed several documents that programs may find useful if they are using or planning to have supervised clinical experiences in international settings. More information is available at the PAEA web site <http://www.paeaonline.org/iacpage.html>

Section D: Student Services

Much of the evidence related to Section D is described in program policies and documents such as student handbooks/manuals/web site. Visitors will review program and student files and records to verify that confidential health records are not maintained in program files.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
D1.01	Student health records are confidential and must not be accessible to or reviewed by program faculty and staff except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the student.	Policies and procedures regarding content of files kept on students in program office, indicating that health records must be separate; policies and procedures regarding access to student health records, permission release forms; review of student files kept in program by visitors during visit
D1.02	Health screening and immunization of students must a) be based on current Centers for Disease Control recommendations for health professionals. b) not be conducted by program personnel.	Program/institution requirements for health screening and immunization as described in promotional materials and web site consistent with CDC recommendations. <i>Note:</i> Information about current immunization guidelines can be found Center for Disease Control's web site. http://www.cdc.gov/vaccines/ (This site includes links to the Morbidity and Mortality Weekly Report (MMWR) which publishes the immunization schedule periodically). Policies and procedures for student health screening and immunization
D1.03	The program must inform students of and provide access to equivalent student health care services that the sponsoring institution makes available to	Program policies and procedures re access to student health services equivalent to those of similar students in sponsoring institution, policies that address student health when away from program at clinical rotations

	Standard	Evidence Suggestions / Performance Indicators
	students enrolled in other courses of instruction.	
D1.04	Core program faculty must not participate as health care providers for students in the program.	Position descriptions, core faculty assignments
D2.01	The program must assure that guidance is available to assist students in understanding and abiding by program policies and practices.	Program policies and procedures, availability of faculty/staff/advisors for student questions
D2.02	The program must assure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems.	Program policies and procedures, availability of faculty for student questions
D2.03	The program must provide referral for students with personal problems that may interfere with their progress in the program.	Institution counseling services, services for student referral to outside agencies
D3.01	The program must assure that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates.	Program policies and procedures, name tags, jacket patches/emoles

Section E: Provisional Accreditation

Since Section E applies only to those programs entering the accreditation process, suggested evidence related to this section is found at the end of this segment of the accreditation manual, after Section F, Accreditation Maintenance.

Section F: Accreditation Maintenance

Section F addresses the responsibilities of programs and sponsoring institutions related to maintaining their accreditation. Review of this section is important to programs and noncompliance with the *Standards* included in this section can affect a program's accreditation status. Much of the evidence related to Section F is related to documented correspondence with the ARC-PA in a timely manner.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
F1.01	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, ultimately to an accreditation action of Accreditation Withdrawn.	Process to monitor program compliance with administrative requirements
F1.02	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 sponsoring institution's regional or specialized and professional accrediting agency.	Evidence that notification of adverse accreditation action has been conveyed to ARC-PA in timely manner
F1.03	The program must agree to periodic comprehensive review that may include a site visit as determined by the ARC-PA.	Program director correspondence with ARC-PA regarding scheduling of comprehensive review and visit
F1.04	The program must submit Self-Study Reports or progress reports as required by the ARC-PA.	SSR received by ARC-PA according to format and time prescribed, progress reports submitted as requested

Standard	Evidence Suggestions / Performance Indicators
<p>F1.05 The program must inform the ARC-PA in writing of changes in the program director, medical director, or other core program faculty within 30 days of the date of the effective change.</p>	<p>Evidence that notification of changes in the program director, medical director, or other core program faculty was submitted to ARC-PA in timely manner</p>
<p>F1.06 The program must demonstrate active recruitment to fill vacated core faculty positions.</p>	<p>Advertisements for core faculty vacancies, indications of how advertised and timing of advertisements, assurance of budgetary support for position, timeline for filling vacancies, or if filled, description of interval from vacancy to filling of the position(s)</p>
<p>F1.07 If an interim program director (IPD) is appointed, this person should meet the qualifications of the PD.</p>	<p>Current CV of IPD (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not meeting this standard will be expected to address why they are unable to do so within their self study report.)</p>
<p>F1.08 The appointment of an IPD should not exceed 12 months.</p>	<p>Evidence that IPD has held position less than 12 months, detailed plan with timeline for recruitment of permanent PD. If PD hired but not yet on site, description of interval from vacancy to filling of the position. (The term <i>should</i> designates requirements so important that their absence must be justified by the program. Programs not meeting this standard will be expected to address why they are unable to do so within their self study report.)</p>
<p>F1.09 The program must obtain ARC-PA approval six months prior to implementing any intended program expansion to a distant campus.</p>	<p>Evidence of ARC-PA approval of program expansion to a distant campus six months prior to implementation by program</p>
<p>F1.10 The program must inform the ARC-PA in writing, no less than six months prior to implementation, of proposed changes in</p>	<p>For F1.10 a-e, evidence of written notification to ARC-PA, within six months of implementation. Forms to use to report proposed changes are available on the ARC-PA web site</p>
<p>a) degrees or certificate granted at program completion.</p>	
<p>b) the requirements for</p>	<p>Note: changes in requirements would include</p>

	Standard	Evidence Suggestions / Performance Indicators
	graduation.	changes in number of credits required, changes in length of program of 1 month or greater, the addition of courses that would increase the current students' tuition or increase the length of the program by 1 month or greater.
	c) program length.	to include changes to <i>increase</i> or <i>decrease</i> program length by 1 month or greater.
	d) the maximum class size.	
	e) the maximum aggregate student enrollment that will result in an increase of 15 percent or greater in maximum aggregate student enrollment, as compared to the program's most recent application for accreditation or as approved by the ARC-PA.	
F1.11	The sponsoring institution must inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.	Evidence of timely notification of ARC-PA by sponsoring institution of intent to transfer program sponsorship. (Such notification should occur as soon as institution begins considering such action to assure that ARC-PA policies and procedures about such transfers are addressed)
F1.12	The program and the sponsoring institution must pay ARC-PA accreditation fees as determined by the ARC-PA.	Evidence of payment of invoices sent to program by ARC-PA in a timely fashion. (Note: Site visit will not occur if fees are not paid)

Section E: Provisional Accreditation

Provisional accreditation is recognition granted for a limited period of time to a new PA program that, at the time of the initial provisional site visit, has demonstrated to the ARC-PA's satisfaction its preparedness to initiate a program in accordance with the *Standards*. The provisional accreditation process involves a thorough review of the planning, organization, and proposed content of a program that is in the advanced planning stages, but not yet operational.

Programs being evaluated for Provisional Accreditation must meet the *Standards* in Section E as well as those in the other sections of the *Standards*.

Section E addresses the responsibilities of programs and sponsoring institutions specifically related to the readiness of a program to begin. While some of the evidence needed for this section may be found in completed documents, some of the evidence relates to planning of processes, documents, and materials. Evidence may be found in institutional and program documents, such as catalogues, policy and procedure manuals, student handbooks, web sites, program planning files. A detailed three-year budget is required. Programs must show evidence of appropriate planning for the entire curriculum, to include **completed course-related materials** (course syllabi, instructional objectives/expected competencies, content outlines, lecture notes, instructional methods/activities, and blank evaluation instruments) for the first 12 months of the program. Evidence related to appropriate planning beyond the first 12 months may be reflected in the program's required descriptive report.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials. Programs applying for provisional accreditation should take care in cross referencing materials that may serve as evidence both for Section E as well as for other sections of the *Standards*.

	Standard	Evidence Suggestions / Performance Indicators
E1.01	The sponsoring institution must authorize the development of the PA program.	Authorized signature of chief executive office of institution
E1.02	The program must submit a needs assessment with its provisional application materials.	Needs assessment for program indicating stakeholders, institutional and community support
E1.03	The program must have a defined mission statement, which is consistent with its needs assessment and the mission of the sponsoring institution.	Submission of sponsoring institution and program mission statements

	Standard	Evidence Suggestions / Performance Indicators
E1.04	There must be a qualified program director and a qualified medical director responsible for the development of the program.	Names and CVs of program and medical directors that meet guidelines for their roles as stated in Standards A2.06-A2.14
E1.05	If provisional accreditation status is granted, the program must not admit more students than the number for which it has been approved by the ARC-PA, based on its application.	Yearly data sheets submitted to ARC-PA indicating compliance in numbers
E1.06	The program must agree to inform, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants.	Copies of written (paper and web) information to be provided to those requesting information
E1.07	The program must submit, with its application for provisional accreditation, a descriptive narrative report as described in the application materials.	Descriptive report submitted as per directions
E1.08	The chief academic officer of the sponsoring institution, or his or her designee, must sign the provisional accreditation application and descriptive narrative report, thus approving its content and verifying the institution's intent to implement and support the program as planned.	Signature of chief academic officer on application.
E1.09	The program must provide a detailed line item budget for the first three years of the program as part of its application.	Three-year detailed budget with compensation detail of faculty and staff by position (not by names of individuals) as well as sub account/object code breakdown of general/non-personnel expenses
E1.10	The program must provide a copy of current or proposed promotional literature including the course of study and course descriptions, proposed tuition, and fees. Documentation must	Printed literature as planned, web site URL, description of plan for disseminating information

	Standard	Evidence Suggestions / Performance Indicators
	include the date that the information will be included in the institution's literature and must describe the current method for disseminating the information.	
E1.11	The program must have a completed curriculum design, course sequence, and evaluation methods for all didactic and clinical components of the program.	For entire professional curriculum, written curriculum design, sequencing, evaluation methods.
E1.12	For each course offered in the first 12 months of the program, the program must	
	a) provide course descriptions.	Written course description for each course
	b) provide a written syllabus that defines expectations and guides student acquisition of expected competencies.	Course syllabus for each course
	c) describe methods of student evaluation.	Written description of methods to be used to evaluate student outcomes
	d) provide examples of student evaluation instruments.	Examples of evaluation instruments, i.e., written and practical exams and surveys
	e) describe methods of instructor and course evaluation.	Written description of methods to be used to evaluate instructors and courses, to include how results will be provided to instructors and course coordinators
	f) have identified qualified faculty in sufficient number to provide instruction	Names and current CVs of each faculty member who has agreed to provide instruction during the first 12 months of the program cross-referenced to course(s)
E1.13	While all aspects of the program beyond the first 12 months are not required to be in place at the time of the site visit for provisional accreditation, the program must have clearly articulated plans and mechanisms for bringing the	Descriptive narrative of plans to come into compliance with all <i>Standards</i> by the second provisional visit. This may be included as a component of the program's descriptive report component of the application.

	Standard	Evidence Suggestions / Performance Indicators
	program into compliance with the <i>Standards</i> as required within the application.	
E1.14	The program must have identified prospective clinical sites sufficient in number to meet the needs of students.	Listing of clinical sites that have agreed to accept students for the clinical rotations of the program, based on the needs for the entire class for the entire rotation period. Program should also indicate potential sites that may not yet have agreed to accept students but that have been approached by the program, have an understanding of the expectations of the program for student learning, and are inclined toward a formal agreement to accept students.
E1.15	The program must have a written plan describing its ongoing self-assessment process.	Written plan for ongoing self-assessment, to be included in descriptive report component of the application
E1.16	Although no outcome data will be available at the time of the initial review of materials, the program must submit a full plan for comprehensive program evaluation, including an assessment of outcomes.	Full written plan for comprehensive program evaluation, including an assessment of outcomes, to be included in descriptive report component of the application
E1.17	Programs preparing for their follow-up provisional site visit must submit their applications and Self-Study Reports to the ARC-PA at least eight weeks before the follow-up site visit for accreditation occurs.	Timely submission according to directions provided

Ongoing Program Self-Assessment

Background

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires the submission of a periodic written report documenting the activities of self-assessment. Already accredited programs must demonstrate by means of the report that 1) they have an established process of ongoing self-assessment to monitor and document program effectiveness, and 2) that they collect and critically analyze outcome data to support current activities or make needed modifications for improvement. It is important that program faculty, especially the program director, are familiar with the concepts of ongoing program self-assessment and the report which documents self-assessment known as the Self-Study Report (SSR).

Programs applying for Provisional Accreditation must submit a Descriptive Report, as compared to the Self-Study Report required for already accredited programs. This is the written product of the process of planning and self-assessment that is undertaken by an institution preparing to begin a PA program. The descriptive report required for those seeking provisional accreditation is similar to the Self-Study Report required of programs applying for continuing accreditation. The Descriptive Report must be submitted with this application, as directed by the ARC-PA.

The ARC-PA does not prescribe the particular methods by which self-assessment should be accomplished. A variety of methods can be used to achieve the goal of comprehensive program evaluation and assessment of compliance with the *Standards*.

A program and its sponsoring institution should determine the methods to be used for self-assessment in keeping with the mission, goals, and policies of the program, the parent institution, and the *Standards*. They should also determine the resources and time to be devoted to the effort.

It is not unusual for programs to participate in an ongoing institutional process of evaluation, conducted by the sponsoring organization. However, institutional processes of evaluation may not be sufficiently comprehensive or detailed and will likely need supplementation by other activities specific to PA program evaluation and the *Standards*.

Participants in the Self-Assessment Process

A variety of participants should be included in the self-assessment process and the preparation of the SSR or Descriptive Report. Programs should decide which individuals will be most appropriate to their process.

Programs often find that participants from the following categories have been effectively included in the process:

- Program faculty and staff
- Representatives from sponsoring institution administration and support service offices (e.g. registrar, financial aid, and student services)
- Representatives from other academic programs within the sponsoring institution
- Curriculum committee members
- Advisory committee members

- Students
- Graduates
- Preceptors and employing physicians
- External consultants
- Representatives of local, state, or national health care organizations
- Consumers of health care

Definitions

Ongoing Program Self- Assessment (Standard C1) is a process whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies. It is conducted within the context of the mission and goals of both the sponsoring institution and the program and uses the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference. It is comprehensive, regular, and analytical. It occurs throughout the academic year and in all of the phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, program evaluation, and other activities connected with the educational enterprise. It identifies strengths as well as problems, develops plans for corrective intervention, and evaluates the effects of the interventions.

Analysis is the 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.

Instructions for the Self-Study Report (SSR) or the Descriptive Report

Instructions for completing the SSR (for continuing accreditation) or Descriptive Report (for provisional accreditation) are included as part of the application for accreditation and may be found on the ARC-PA web site at www.arc-pa.org.

Responding to Observations and Citations

When responding to the ARC-PA in reference to observations received after a site visit or citations received as part of an ARC-PA accreditation action letter, it is important to note that the response should serve as a stand-alone document. This is particularly important since the commissioner reviewers of the response will not have ready access to the program's initial application and Self-Study Report for reference. Including the wording of the observation is helpful to the reviewers.

The purpose of the program's response should be to eliminate errors of fact or clarify perceived ambiguities and misperceptions. The response should clarify issues raised in the observation by the team and should explain what the program does to demonstrate compliance with the *Standard* noted. In this correspondence, the program should not inform the ARC-PA about plans for the future to correct or resolve any *Standards* compliance issues.

Responses to citations are typically not submitted to the ARC-PA until 6 months to 1 year, or longer, after an accreditation action. In the response, it is important to include the date of the accreditation action letter and a statement about what is being sent for review. It is also helpful to restate the Standard cited, with reference to any particular components required by the ARC-PA in the program report.

When responding to observations or citations, for clarification it may be necessary to repeat some wording that was included in the original application, SSR, or appendices or to append these to the response. If the program does include wording that was previously included in the materials sent to the ARC-PA, it is helpful to reference them by page number. For example, "as described on page 33 of the SSR related to how the program evaluates clinical sites....."

Examples of appropriate responses to observations or citations follow.

Cover Letter Submitted From Program in Response to Citations

Dear Members of the Commission,

The Name Physician Assistant Program submits the attached documents in response to the citations received as a result of the accreditation evaluation process that occurred in Month/Year. The Program has made every effort to address all issues noted by the Commission in its letter dated Month, Date, Year.

Please let me know if you need any additional information.

Sincerely,

Attachments: a list of what documents are attached.

Excerpt from a Program in Response to Citations, (with some "FYI" comments)

I am writing in response to your request for a progress report as requested in your Month, Date, Year letter to President Name. We have taken the appropriate steps to address the citations as described below.

Standard B5.1d (2nd edition) / Standard B3.02f&g (3rd edition): Program must provide students with instruction in assessment, including presenting data in oral and written form.

As noted in your letter, the program has already taken corrective action. However, we have formalized this action by revising the official course outline for the patient interviewing course (PA-XXX) to include a course goal (L) related to presentation of patient data (see enclosed). This was submitted this past spring to the University Curriculum Committee and was subsequently approved through Faculty Senate. This skill is also reinforced in PA-XXX (see course goal G) and on clinical rotations.

I would also like to update the ARC-PA on a minor curriculum modification and on some personnel changes. Based upon student feedback and on other indicators, the program elected to increase the credit hours of Clinical Pharmacology (PA-XXX) by one credit and decrease Pathophysiology (PA-XXX) by one credit. The result was no change in the overall number of credits and no change in overall cost to students. This was formally approved through the University governance system and updated in our admissions materials. An updated course sequence sheet is enclosed.

Second, we have had two personnel changes since our site visit. First, Mr. Name was hired Month, Year as Clinical Coordinator and Ms. Name transferred to the didactic phase of the program. Ms. Name was hired on Month, Year to replace Dr. Name who was here on a one-year fellowship. The result is an increase of one FTE in the PA faculty. Curriculum Vitae are enclosed for both individuals. Both are currently NCCPA certified.

Please feel free to contact me at Where and How if you have any questions or require additional information.

Sincerely,

Suggested Format for Response to Observations (in body of letter)

Standard XXX: wording of *Standard*

Site Team Observation: this should be the wording of the site team observation as in the letter from the ARC-PA

Response: The response should explain what the program does to demonstrate compliance with the *Standard* noted and should clarify issues raised in the observation by the team. Often it may be necessary to repeat some wording that was included in the original application, SSR, or appendices or to append these to the response. It is important to have this response be a stand-alone response as the

reviewers will not have ready access to the program's prior complete application and SSR. If the program does include wording that was previously included in the materials sent to the ARC-PA, it is helpful to reference them by page number. For example, "as described on page 33 of the SSR related to how the program evaluates clinical sites....."

Attachments: List any attachments included related to this observation. For example, if particular objectives were included to demonstrate that the program covered a topic, they could be listed here.

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