Objectives

1. Discuss the current status of PA program accreditation

2. Discuss the results of the ARC–PA Stakeholder Communication Survey conducted in March 2019

3. Discuss the final version of the 5th edition of the ARC–PA Standards of Accreditation
The Numbers
History of Growth of PA Programs

- 54 programs in 1991
- 126 programs in 2000
- 135 programs in 2006
- 149 programs in 2010
- 181 programs in 2013
- 190 programs in 2014
- 199 programs in 2015
- 210 programs in 2016
- 229 programs in 2017
- 239 programs in 2018
- 246 programs as of September 1, 2019

- 8 clinical postgraduate programs
The Work

- 1,115 site visits since 2001
- 2,702 accreditation actions since 2001
- 14 programs have surrendered accreditation since March 2003
- 57 new PA programs by 2027
PA Programs
Alabama – Illinois (June 2019-2022)
PA Programs
Indiana – Montana (June 2019-2022)
ARC-PA
Stakeholder Communication Survey
ARC-PA Goals

The Goals of the ARC-PA are as follows:

• foster excellence in PA education through the development of uniform national standards for assessing educational effectiveness
• foster excellence in PA programs by requiring continuous self-study and review
• assure the general public, 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
External Survey

Distributed in March 2019 to currently accredited PA programs, programs awaiting the provisional accreditation process and representatives from PAEA, NCCPA and AAPA.

• Total of 37 Questions
  • Quantitative Data
    • 7 Point Likert Scale (Strongly Agree to Strongly Disagree)
  • Qualitative Data

• Questions included:
  • General demographics
  • Perceptions of communication with ARC-PA
  • Portal
  • Newsletter
  • Website
Analysis

Response Rate:
85%
281 surveys distributed
234 responses received

Qualitative Data:
Responses were grouped into themes. The top five concepts for each qualitative question were identified for further analysis.

Quantitative Data:
Benchmark was identified as greater than or equal to 25% Disagree (to include Slightly Disagree, Disagree, and Strongly Disagree)
Results

• Overall Positive Results
• Two areas below benchmark
• Consistent with internal survey data (when applicable)
Q9 When directly contacting Accreditation Services at the ARC-PA for accreditation information via telephone, your program or organization’s questions or concerns have been addressed in a prompt and courteous manner.

Q10 When directly contacting Accreditation Services at the ARC-PA for accreditation information through email, your program or organization’s questions or concerns have been addressed in a prompt and courteous manner.
Provide additional comments about the overall communication with ARC-PA.

58 provided a qualitative response out of 234 survey respondents

41% responded with positive comments

Most Frequently Used Adjectives & Phrases
- Very Good or Excellent Communication
- Prompt
- Courteous
- Improved / Changing for the better
- Approachable
- Strong Communication
- Responsive
Provide additional comments about the overall communication with ARC-PA.

58 provided a qualitative response out of 234 survey respondents.

This survey item also allowed us to identify some opportunities for improvement and provided supportive data for other survey questions.

<table>
<thead>
<tr>
<th>Percentage of responses</th>
<th>Thematic Response</th>
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<tbody>
<tr>
<td>41%</td>
<td>Very Good or Excellent Communication, Prompt, Courteous, Approachable, Responsive</td>
</tr>
<tr>
<td>14%</td>
<td>ARC-PA needs to be more warmer and more approachable.</td>
</tr>
<tr>
<td>12%</td>
<td>Clearer information from the ARC-PA in response to questions and clarifications related to the Standards</td>
</tr>
<tr>
<td>10%</td>
<td>Although there is a directory of staff, it is unclear of exactly whom to contact for questions.</td>
</tr>
<tr>
<td>10%</td>
<td>Website is disorganized; hard to find information</td>
</tr>
</tbody>
</table>
Opportunities for Improvement
Website

• 30% of respondents disagreed that the website provides clear information.

Additional Data

• Internal Survey - 26% of respondents disagreed to same question

Q14 When attempting to locate information or instructions regarding accreditation information or resources, the ARC-PA Web Site provides clear information to address my program or organization’s questions or concerns.
Providing clear instructions for completing reports, applications, and program change forms.

- 30% Disagreed
- Qualitative feedback provided more detail. Respondents requested more information on:
  - How to comply with the standards
  - Clear examples of good practices
  - Detailed instructions on how much information to include in the SSR

Q34 In the accreditation review process, the ARC-PA provides clear instructions for completing reports, applications, and program change forms.
Plans for Improvement

Website Revision

Improve clarity of communication
Website Revision

• ARC-PA Website is in the process of being revised to be more user friendly.
  • Easier to navigate
  • Quick Links to most commonly used features
  • Better Organization of Material
  • Improved functionality of “search” feature

• Further revisions currently in development
Improve Clarity of Communication

• Improvements to improve communication to external stakeholders include:
  • Website Updates
  • ARC-PA Newsletters
  • Ongoing Training
    • Workshops & Presentations
    • Webinar Training
  • Revisions of application instructions
  • Updated Accreditation Manual
Looking forward...

• Survey questions related to the Portal are being further reviewed.
  • Portal team & IT department are working closely together to improve portal functionality.

• Additional surveys will allow us to monitor trends and effectiveness of our modifications for improvement.
Overview of ARC–PA Standards, 5th Edition

- Matthew McQuillan, MS, PA–C, ARC–PA Commissioner
- Robert Philpot, PhD, PA–C, ARC–PA Commissioner
- Gregg Shutts, EdD, PA–C, ARC–PA Commissioner
- Sharon Luke, Executive Director, ARC–PA
Timeline Review

- Summer 2016
  - `Stds Workgroup: survey sent to programs about *Standards* and faculty concerns
- November 2016
  - Held focus groups at PAEA Education Forum for comments
- July 2017
  - Convening of Standards Committee
- October 2018
  - Update of draft of *Standards*, 5th edition at PAEA Education Forum
  - Request for comments open to all collaborating orgs and the public

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Timeline Review

- January 2019
  - Feedback incorporated into *Standards, 5th edition*
- June 2019
  - *Standards, 5th edition* approved by Commission
- September 2019
  - *Standards, 5th edition* provided to Stakeholders, Collaborating Orgs, and Public
- October 2019
  - *Standards, 5th edition* reviewed at PAEA Education Forum
So, What’s New?

- Annotations gone away
  - Most incorporated into the standard

- Will discuss additions, deletions, and large differences between 4<sup>th</sup> and 5<sup>th</sup> editions
The sponsoring institution must provide sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for:

a) maintenance of certification and licensure and

b) professional development directly relevant to PA education.
Standard A1.10

The sponsoring institution must support the program in:

a) securing clinical sites and preceptors sufficient in number to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences and

b) ensuring all required rotations are located within the United States.
A 1.11 (New)

The sponsoring institution must demonstrate its commitment to student, faculty and staff diversity and inclusion by:

a) supporting the program in defining its goal(s) for diversity and inclusion
b) supporting the program in implementing recruitment strategies
c) supporting the program in implementing retention strategies
d) making available resources which promote diversity and inclusion
The program director must be a PA or a physician.

a) If the program director is a PA, s/he must hold current NCCPA certification.

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.

The program director must be a PA\(^1\).

a) S/he must possess at least three years of full-time educational experience at the time of appointment\(^2\).

b) The program director must be assigned to the program on a 12–month full time basis and at least 80% of that time must be devoted to academic and administrative responsibilities in support of the program.

c) the program director must hold current or emeritus NCCPA certification status.
Standard A2.06

The Footnotes:

1 Program directors appointed before 9/1/2020 should be a physician assistant, those appointed on or after 9/1/2020 must be a physician assistant.

2 Program directors appointed before 9/1/2020 should have at least 3 years higher education experience at the time of appointment, those appointed on or after 9/1/2020 must have at least 3 years higher education experience at the time of appointment.
Standard A2.09 h (New)

The program director must be knowledgeable about and responsible for:

h) adherence to the Standards and ARC–PA policies.
The medical director must be an active participant in the program.

- Annotation:
  - The medical director supports the PD in insuring both didactic instruction and SCPEs meet current practice standards as they relate to the PA role in providing patient care. The medical director may be actively involved in developing the mission statement for the program, providing instruction, evaluating student performance, designing, implementing, and coordinating and evaluating curriculum and evaluating the program.

The medical director must be an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.
<table>
<thead>
<tr>
<th>Standard A3.07</th>
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<tr>
<td><strong>4th edition</strong></td>
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<tr>
<td>The program <em>must</em> have and implement a policy on immunization of students and such policy <em>must</em> be based on current Centers for Disease Control recommendations for health professionals.</td>
</tr>
<tr>
<td><strong>5th edition</strong></td>
</tr>
<tr>
<td>a) The program <em>must</em> have and implement a written policy on immunization and health screening of students based on current Centers for Disease Control (CDC) recommendations for health professionals and any state-specific mandates.</td>
</tr>
<tr>
<td>b) Programs offering supervised clinical practice experiences outside of the United States <em>must</em> have written travel health policies based on current CDC recommendations for international travel.</td>
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Standard A3.12

- The program *must* define, publish and make readily available to enrolled and prospective students general program information to include:
  - the most current (within 14 days of receipt of the report) annual *NCCPA PANCE* Exam Performance Summary Report Last 5 Years provided by the *NCCPA* through its program portal. Posted to the website by April 1.
Standard A 3.15 (revised)

The program must define, publish, consistently apply and make readily available to students upon admission:

- f) policies and procedures for allegations of student mistreatment
Standard B2.15c (revised B2.12, 4th ed.)

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

Annotation:
Instruction in concepts of public health system and the role of health care providers in the prevention of disease and maintenance of population health. It includes participating in disease surveillance, reporting, and intervention.

The curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA and:

c) patient advocacy
Standard B2.20 (New)

The curriculum *must* include instruction about provider personal wellness including prevention of:

a) impairment, and

b) burnout.
Clinical sites and preceptors located outside of the United States *must* only be used for elective rotations.
Supervised clinical practice experiences *must* enable all students to meet the program’s learning outcomes expected of students, for patients seeking:

a) medical cares across the life span to include infants, children, adolescents, adults, and the elderly

b) women’s health (to include prenatal and gynecological care)

c) care of conditions requiring surgical management including pre-operative, intra-operative, post-operative care

d) care for behavioral and mental health conditions

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Supervised clinical practice experiences *should* occur with preceptors who enable students to meet program defined learning outcomes and address the fundamental principles of:

- a) family medicine,
- b) emergency medicine,
- c) internal medicine,
- d) surgery,
- e) pediatrics,
- f) women’s health including prenatal and gynecologic care, and
- g) behavioral and mental health care.

- The use of subspecialists as preceptors is contrary to the intent of this standard.

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Many items simply moved from C4 section of the 4th edition to a new B4 section
C Standards

- Largely the same, but items rearranged
  - Annotations became part of the standards

- C3 Standards about student evaluation moved to B4 section
Based on the qualifications outlined in the Standards, the program *must* have:

a) A 1.0 FTE program director hired by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda.

b) A medical director appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.

c) 2.0 FTE PA–C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit.

d) A chief administrative officer or designee assigned to be responsible for the development of the program.
If an interim program director (IPD) is appointed, this person *should* meet the qualifications of the PD (4th ed.)

An interim program director (IPD) *must* meet the qualifications of the program director (5th ed.)
Standard E 1.07

- The appointment of an IPD should not exceed 12 months (4th ed.)

- The appointment of the IPD position must not exceed 12 months (5th ed.)
Thank you for your attention!