



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

**Accreditation Manual ©
For
Clinical Postgraduate PA Programs**

**Accreditation *Standards* for
Clinical Postgraduate PA Programs, 3rd edition ©**

Effective July 2020

Clarifications 10/2021

Disclaimer: This manual is provided strictly as an informational resource for clinical postgraduate 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.

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Preface

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

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

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

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

For the purposes of reviewing this document, the term “student” as used in ARC-PA policies also refers to Clinical Postgraduate *PA trainees*.

Introduction

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that protects the interests of the public 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 encourages excellence in PA education through its accreditation process by establishing and maintaining standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process is designed to encourage sound educational practices and innovation by programs and to stimulate continuous self-study and improvement.

This manual has been designed for use by currently accredited *Clinical Postgraduate PA programs* and those interested in starting such 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
- 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). The CHEA scope of recognition is for programs preparing individuals for entry into PA practice located in institutions in the US that are accredited by recognized regional accrediting bodies. The CHEA scope does not cover the accreditation of clinical postgraduate PA programs. The CHEA Eligibility Statement is found [here](#).

The ARC-PA is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to its code of good practice, as posted on the Association of Specialized and Professional Accreditors (ASPA) web site.

ARC-PA Role

The role of the ARC-PA is to:

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

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

The ARC-PA believes that high quality education for all PAs 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 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

The ARC-PA SubCommission

ARC-PA subcommissioners are elected by the ARC-PA from a slate of nominees submitted by the ARC-PA and collaborating postgraduate organizations*. Subcommissioners initially serve a 1 to 3 year term and are eligible for reappointment for a second 2 to 3 year term. Subcommissioners receive no compensation for their services related to the ARC-PA meetings or site visits.

The role of the subcommissioner is to support and advance clinical postgraduate PA education by active participation in the work of the ARC-PA. Each subcommissioner is responsible for reviewing assigned postgraduate program materials prior to each subcommission meeting. This may include applications and evaluation reports, or reports requested from postgraduate programs as a result of previous subcommission accreditation actions/review. SubCommissioners are to complete the required review, providing documented evidence of independent review of all materials, as well as evidence to support final recommendations and decisions. During the subcommission meeting, the subcommissioners are responsible for presenting their independent reviews of the postgraduate program for discussion and designation of accreditation actions for all programs on the meeting agenda.

*ARC-PA collaborating postgraduate organizations:
Association of Postgraduate Physician Assistant Programs
Society of Emergency Medicine Physician Assistants
American Association of Surgical Physician Assistants
PA Section of Society of Critical Care Medicine
Physician Assistants in Orthopedic Surgery
Public Subommissioner

At-Large Subcommissioner

Process for Clinical Postgraduate Accreditation

The accreditation process is voluntary and initiated only at the invitation of the *Clinical Postgraduate 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.

Provisional Accreditation Application

Step 1. Program informs the ARC-PA of their intent to apply for accreditation. Programs should be functional and currently accepting trainees to be considered eligible for accreditation application submission. Institutions with multiple clinical postgraduate programs will be required to complete individual documentation specific to each curriculum for which it seeks accreditation. If all applications are submitted and found complete by the ARC-PA, the institution may request scheduling of up to three *Clinical Postgraduate Residency Programs* during a single site visit. If multiple programs are scheduled simultaneously, this may extend the visit time.

Step 2. ARC-PA places the program on the subcommission agenda identifying dates for the application completion.

Step 3. Program submits Provisional Accreditation Application which includes information related to how the program will be compliant with the *Standards*, meets the requirements for accreditation, and describes the program's curricular design and review along with the plan for self-assessment.

Step 4. Application is reviewed by ARC-PA and site visit is scheduled. Following site visit, the subcommission reviews application and site visit observations, determines Accreditation Provisional status (with or without citations) or Accreditation Withheld.

Postgraduate Accreditation Process



Continued Accreditation Application

Step 5. Program is placed on ARC-PA agenda three years after initial Provisional Accreditation subcommission review.

Step 6. An application for Continued Accreditation will be required by ARC-PA that will reflect any program modifications in the context of verifying on-going compliance with the Standards, as well as documentation of the program's self-assessment process. This application will be reviewed by the ARC-PA prior to the site visit.

Step 7. Site visit occurs which is 0.5-1.0 days in length, an extended visit may be required for multiple programs at a single institution. This involves review of the accreditation application, including the self-study and meeting with organizational officials, faculty and trainees. The program is provided opportunity to respond to observations made by the site visit team in writing prior to the subcommission review.

Step 8. ARC-PA decides on the disposition of the Continued Accreditation Application (with or without citations, Accreditation-Probation or Accreditation Withdrawal). If awarded Continued Accreditation, program will be required to undergo accreditation review in seven years and every ten years thereafter.

Continued Accreditation Process

Programs awarded Provisional Accreditation will be placed on subcommission agenda three years after initial subcommission review.

Continued Accreditation Application & Self Study Report

Application identifies any change the program made since its provisional review related to the standards
Self Study Report documents the program's self-assessment process

Site Visit

Limited to 1/2 day or 1 day*
Focus on SSR, discussions with institutional officials, faculty & students
Program is provided opportunity to respond to observations made by the site visit team in writing

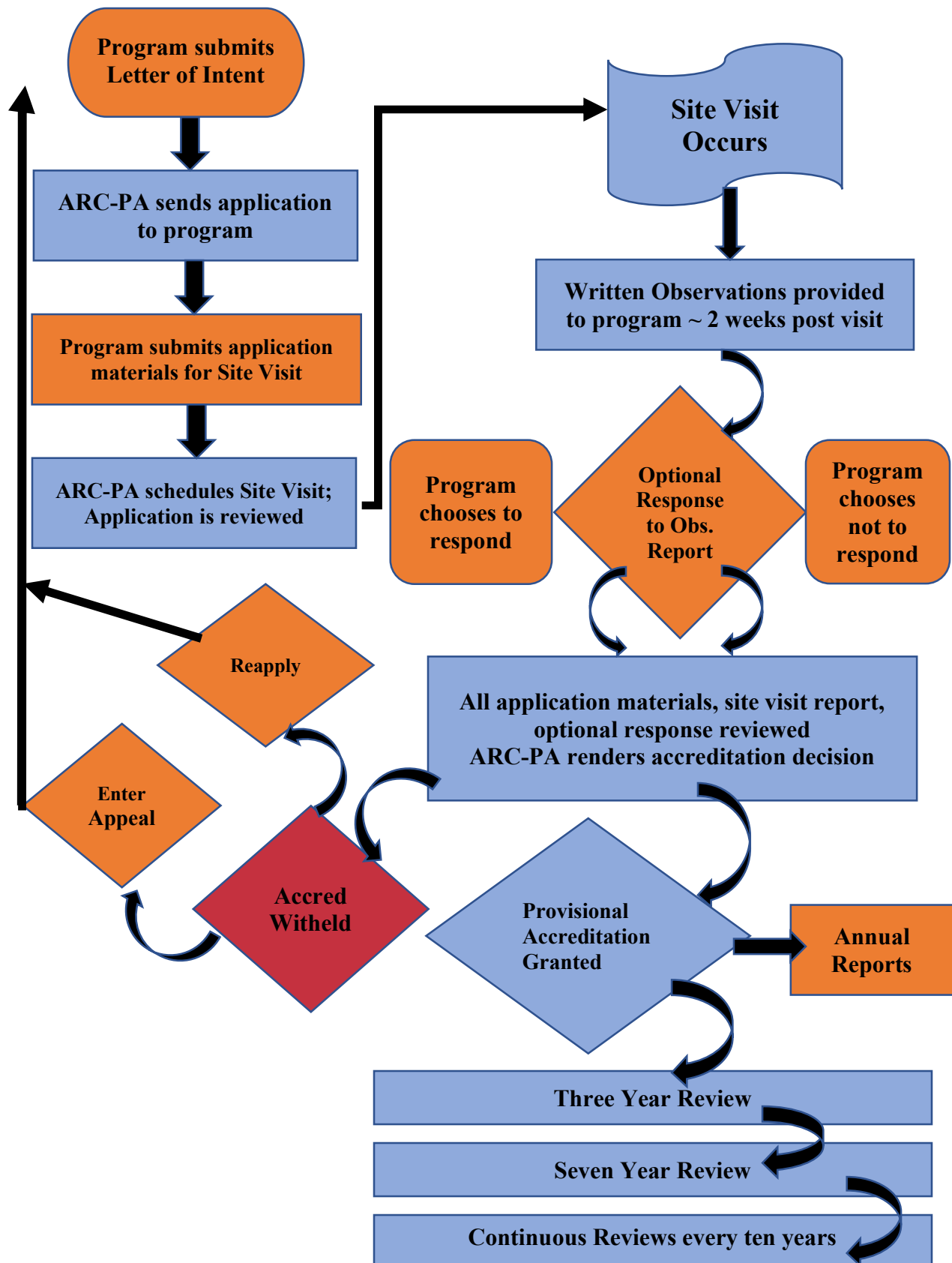
Program reviewed by Subcommission

Subcommission decides on Continued Accreditation (with or without citations), or Accreditation - Probation or Accreditation-Withdrawn.

If awarded Continued Accreditation, program will be required to undergo accreditation review in 7 years and every 10 years thereafter.

* 1 ½- 2 days site visits may be required of single institutions seeking accreditation for multiple clinical postgraduate programs.

Clinical Postgraduate PA Accreditation Process



Clinical Postgraduate Site Visits

[Postgraduate Program Resources – ARC-PA](#)

Provisional clinical postgraduate visits are conducted for *Clinical Postgraduate PA Programs* entering the accreditation process. These visits are typically conducted by two site visitors selected from a pool of site visitors specifically selected and prepared to conduct visits to clinical postgraduate programs. Site visitors may include an ARC-PA Postgraduate Subcommissioner, Postgraduate Site Visitor or ARC-PA staff member. A report of the visit is written for consideration and action by the ARC-PA. Site visitor observations are collated and sent to the program for an opportunity to respond in writing prior to the SubCommission meeting when a determination of accreditation status will be determined.

Continued clinical postgraduate visits verify that the institution's and program's demonstration of compliance with the *Standards* including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA. These visits may be in-person or performed virtually. Visits are typically conducted by two site visitors selected from a pool of site visitors specifically selected and prepared to conduct visits to clinical postgraduate programs. Site visitors may include an ARC-PA Postgraduate Subcommissioner, Postgraduate Site Visitor or ARC-PA staff member. A report of the visit is written for consideration and action by the ARC-PA. Site visitor observations are collated and sent to the program for an opportunity to respond in writing prior to the SubCommission meeting when a determination of accreditation status will be determined.

Validation visits are conducted to programs with accreditation-continued status. Such visits are scheduled at the direction of the SubCommission to review the program's compliance with the *Standards* and any required information submitted by programs via the portal. The visits also examine the program's demonstration of continuous oversight of processes and outcomes of education.

Focused visits may be conducted at any time to evaluate a specific *Standards* related problem(s) identified by a site visit team, the ARC-PA, or in response to a concern received by the ARC-PA. Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are conducted by specialist visitor(s), who must include subcommissioner(s) of the ARC-PA or ARC-PA staff.

Probation visits are conducted near the end of a period of probation to programs with an accreditation status of Accreditation-Probation. Details about requirements for these visits are conveyed to the program in writing prior to the visit. Probation visits usually are conducted by specialist visitor(s), who may include subcommissioner(s) of the ARC-PA or ARC-PA staff.

Accreditation Categories

<http://www.arc-pa.org/accreditation/accreditation-types-review-cycle/>

Accreditation-Clinical Postgraduate Provisional*

Accreditation – Clinical Postgraduate Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that appear to demonstrate the program’s ability to meet the ARC-PA *Standards* or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first student cohort.

Accreditation – Clinical Postgraduate Provisional does not ensure any subsequent accreditation status.

Accreditation – Clinical Postgraduate Provisional is limited to no more than five years from the initial granting of Accreditation- Clinical Postgraduate Provisional status

Accreditation- Clinical Postgraduate Provisional remains in effect until the program achieves accreditation-continued status, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*.

(*The description of Accreditation – Clinical Postgraduate Provisional status is pending approval - September 2020)

Accreditation-Clinical Postgraduate Program is the status of accreditation granted when a new or currently accredited clinical postgraduate program is in compliance with the *Standards for Clinical Postgraduate Programs*. Accreditation-clinical postgraduate program 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*, ARC-PA requirements or procedures.

Accreditation-Probation is a temporary accreditation status initially of not less than two years. However, that period may be extended by the ARC-PA for up to an additional two years if the ARC-PA finds that the program is making substantial progress toward meeting all applicable Standards but requires additional time to come into full compliance. Probation accreditation status is granted, at the sole discretion of the ARC-PA, when a program holding an accreditation status of Accreditation - Provisional or Accreditation - Continued does not, in the judgment of the ARC-PA, meet the Standards or when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and is subject to having its accreditation withdrawn.

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

Accreditation Withheld is a status granted when a PA program, seeking accreditation-provisional, or a clinical postgraduate PA program seeking accreditation-clinical postgraduate program, is not in compliance with the *Standards*. The program receiving this accreditation status may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

Accreditation Withdrawn is a status granted when an established program is determined no longer to be in compliance with the *Standards* and is no longer capable of providing an acceptable educational experience for its students, or when the program has failed to comply with ARC-PA accreditation requirements, actions or procedures. The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

Voluntary Inactive Status may be granted to programs that temporarily suspend instruction and cease to matriculate students. The conditions of this status are determined program circumstances necessitating this status.

Accreditation Policies and Procedures

The policies below are selected policies and portions of policies that are of most interest to *Clinical Postgraduate PA Programs*. The complete policy document is available on the ARC-PA web site: <http://www.arc-pa.org/wp-content/uploads/2020/06/Policies-WEB-Version-7-as-of-3.07.2020.pdf>

Noncompliance with Accreditation Actions and Procedures (policy 10.5)

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

- The program director/institution refuses to comply with one or more ARC-PA accreditation actions or procedures, including refusal to:
 - Undergo a site visit.
 - Follow directives associated with an accreditation action.
 - 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.
- A Physician Assistant program has been inactive, (see inactive status Policy 10.8)

- A clinical postgraduate program has been inactive for more than three years
- The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities or funding, such that the program no longer complies with the *Standards*

Effective Date of Voluntary Withdrawal/Closure (*policy 9.6*)

When a program voluntarily surrenders its accreditation status, the date of the program's notification to the ARC-PA of this action becomes the effective date of withdrawal. When a program voluntarily closes and no longer has students enrolled, the effective date of voluntary program closure is mutually determined by the program and the ARC-PA.

Transfer of Sponsorship (*policy 10.7*)

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

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

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

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

Curriculum Teach Out (*policy 10.6*)

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

Voluntary Inactive Status (*policy 10.8*)

Voluntary Inactive is a status that may be awarded to programs that temporarily suspend instruction and cease to matriculate students. Programs holding an adverse accreditation status will not be awarded voluntary inactive status.

Programs awarded inactive status must abide by the following:

- Programs may not matriculate, enroll or instruct students while on inactive status.
- The date of the next scheduled site visit is not changed due to inactive status, unless such change is requested in advance by the program and approved by the ARC-PA.

- Programs on inactive status are required to pay all ARC-PA designated dues and fees for accreditation services.
- Programs on inactive status are required to complete all required reports, including the ARC-PA annual program report.
- Inactive status is limited to one year for physician assistant programs and three years for clinical postgraduate programs, after which accreditation of the program may be withdrawn by the ARCPA or voluntarily surrendered by the program.

Programs requesting to become active within the one- or three-year period will be evaluated on a case-by-case basis by the ARC-PA. The program may be scheduled for a validation visit or focused visit, or may be required to reenter the accreditation process via the provisional (for physician assistant programs) or initial (for clinical postgraduate programs) accreditation pathway.

Accreditation Decision Process *(policy 9.3)*

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

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

Deferral of Accreditation Action *(policy 9.7)*

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

When a decision is deferred,

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

Accreditation Actions Subject to Appeal and Appeal Procedures *(policy 9.15)*

The following adverse actions by the ARC-PA are subject to appeal pursuant to the ARC-PA's Appeal Procedures.

- refusal to consider a program for initial provisional accreditation

- withholding of accreditation
- assignment of probationary status
- withdrawal of accreditation

Any appeal must be based upon the time and the circumstances that triggered the ARC-PA adverse action (e.g., a reaccreditation subcommission review, provisional application, required report, etc.) and shall be based solely on the information contained in the documents upon which the decision was based. Descriptions of program changes made since that time will not be considered.

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

The ARC-PA Appeal Procedure is found in the Policy Manual, policy 9.15, on the ARC-PA web site.

Confidential Documents and Information (*policy 5.1*)

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 subcommission.

Confidential Documents/Information

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

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

- Program accreditation files
- Program completed accreditation materials
- Completed site visit reports
- ARC-PA required reports submitted by programs
- Correspondence related to the accreditation decisions/process between the ARC-PA, programs and site visitors
- Minutes of regular or special meetings of the ARC-PA
- Information and correspondence relating to concerns about program quality
- Information and correspondence relating to requests for reconsideration of an adverse accreditation action
- Information and correspondence relating to any appeal of an adverse accreditation action
- Blank and completed site visit worksheets and related materials
- Documents associated with the business of the subcommission not otherwise approved for distribution to the public or the collaborating organizations of the ARC-PA.

Examples of confidential documents include but are not limited to, financial reports, legal documents, business plan etc.

- Confidentiality of the whistleblower related documents
- Financial Records
- Personnel Records
- Inter-organizational
- Electronic documents or passwords
- Concern Documents
- Any other documents deemed confidential

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

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

Student Notification of an Adverse Action *(policy 9.14)*

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

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

Public Notification of a Program's Accreditation Status by ARC-PA *(policy 9.11)*

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.

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

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

Disclosure of Probationary Status by ARC-PA *(policy 9.13)*

While Probation is a time-limited accreditation status, if not resolved it may have severe consequences for students and potential students. If the ARC-PA staff or representative

receives a verbal, written or electronic inquiry regarding the status of a program currently on probation, the following information will be released:

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

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

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

Concerns about Program Compliance with Policies and/or Standards

(policy 6.1)

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

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

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

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

Concerns about the ARC-PA *(policy 6.2)*

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

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

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

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

Concerns about a Site Visit *(policy 6.3)*

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

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

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

Introduction to the Clinical Postgraduate Standards

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

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

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

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

The standards apply to all accredited *clinical postgraduate PA programs*.

Eligibility

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

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

Accredited *clinical postgraduate PA programs* must be established in

- a) schools of allopathic or osteopathic medicine,
- b) colleges and universities affiliated with appropriate clinical teaching facilities,

- c) medical education facilities of the federal government, or
- d) hospitals, medical centers or ambulatory clinics.

The sponsoring institution *should* either be accredited

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

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

Eligible programs *must* be operational with at least one enrolled *PA trainee* at the time of application for accreditation.

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

Clinical Postgraduate PA Program Review

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

Standards Format

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

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

The term "program" as used in this document refers to clinical postgraduate PA program.

Italics are used to reflect words and terms defined in the glossary of this document.

The 'Should' Standards

Should is term used to designate requirements that must be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. Programs not meeting any component(s) of a should standard are expected to describe in detail attempts to meet the standard and explain why they are unable to do so in the application of record. At the time of the review by the subcommission, a program or institution may be cited for failing to comply with a requirement that includes the term 'should.'

Demonstrating Compliance with the *Standards*

The purpose of this section of the Accreditation Manual is to assist programs in understanding various ways of demonstrating compliance with the *Standards*. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but rather 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.

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 **institution and program documents**, such as catalogues and brochures, policy and procedure manuals, *PA trainee* orientation materials and handbooks, web sites, program files, and records. This list is referred to later in the table simply as institution 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 clinical postgraduate 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 that may seem obvious to the experienced program director may not be as obvious to the new program director.

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,

that is, specific materials as listed in the application, appendices, and required materials for review at the site visit. However, the ARC-PA does not generally address process issues, allowing programs and institutions to develop those best suited to their programs. Examples of process topics include the format for *curriculum* and courses (for example, traditional vs. problem-based), and delivery mechanisms. While the ARC-PA may require specific information to clarify process issues that may affect 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 related to breadth and depth of *curriculum* and those that relate to objectives and guiding student acquisition of learning outcomes.

Syllabi and Learning Outcomes

The ARC-PA publishes a separate document, "Syllabi, and Learning Outcomes," to provide guidance to programs in developing syllabi, and *learning outcomes*.

Resources are available on the ARC-PA web site on the Postgraduate Accreditation Resources page, <http://www.arc-pa.org/accreditation/postgraduate-programs/resources/>

Examples of Evidence of Compliance and Performance Indicators

SECTION A: ADMINISTRATION

Section A addresses issues related to sponsorship and institutional responsibility, personnel, and operations. Much of the evidence related to this section is found in institution and program documents such as policy and procedure manuals, *PA trainee* orientation materials and handbooks, web sites, program files, and records addressing the content areas identified in the Standards. Site visitors and ARC-PA subcommissioners review materials looking for accuracy of current policies and procedures as well as consistency in materials that address the same content areas.

During discussions with administrators, faculty, preceptors, and PA trainees, site visitors verify that the processes described, and information submitted by the program or reviewed on site actually reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

STANDARDS SECTION A INTRODUCTION

The administrative operation of a *clinical postgraduate PA program* involves collaboration between the *program/instructional faculty*, the *administrative support staff*, and the sponsoring institutional leadership. Therefore, the sponsoring institution *must* be explicitly committed to the success of the program. The program *must* provide an environment that fosters intellectual challenge and a spirit of inquiry. Policies *must* be well defined and align with the mission and *goals* of the program and sponsoring institution. Program documents *must accurately* reflect the institutional, programmatic, and individual responsibilities of each participant. Institutional resources *must* support the program in accomplishing its mission.

A Standards: Administration		Evidence Suggestions / Performance Indicators
A1 Standards: Sponsorship, Accreditation, Location		
A1.01	A clearly identified single institutional sponsor such as a university or healthcare entity <i>must</i> assume ultimate responsibility for the <i>clinical postgraduate PA program</i> .	Application
A1.02	There <i>must</i> be <i>written</i> and signed agreements between the postgraduate training program and each facility involved in the training, defining the responsibilities for each institution involved in the supervised clinical practice of the trainees.	Program Letters of Agreement (PLA) or Affiliation Agreement (AA) provided as per application instructions.
A1.03	The sponsoring institution, together with its affiliates, must be capable of providing didactic and clinical instruction and experience requisite to PA clinical postgraduate education. ANNOTATION: Agreements typically specify whose policies govern and document <i>trainee</i> access to educational resources and clinical experiences. While one agreement between the sponsoring institution and the clinical entity to cover multiple professional disciplines is acceptable, these agreements <i>must</i> include specific notations acknowledging the terms of participation between the <i>clinical postgraduate PA program</i> and the clinical entity.	Verification at the time of site visit of program's description in application Discussions on site
A2 Standards: Institutional Responsibilities and Resources		

	A Standards: Administration	Evidence Suggestions / Performance Indicators
A2.01	<p>The sponsoring institution <i>must</i> be responsible for:</p> <ul style="list-style-type: none"> a) (“a” rescinded effective 10/2/21), b) appointment and institutional recognition of a medical director, program director, and <i>administrative support staff</i>, this includes the provision of <i>sufficient protected administrative time for the work of the medical director and program director</i>, c) credentialing of <i>PA trainees</i> according to institutional requirements, d) storage of permanent program records, e) providing liability insurance for the trainees, f) providing the <i>PA trainees</i> full employment benefits <i>comparable</i> to those given to a traditional PA employee as defined by the HR department, g) assuring policies and practices to support security and safety are implemented in all locations where training occurs, h) provision of <i>sufficient</i> protected administrative time for medical director and program director(s), 	<ul style="list-style-type: none"> Discussions on site b) Copies of appointment letters from the sponsoring institution in faculty files, staff employee documentation, policies regarding hiring and firing, documentation about how searches are conducted, timeline for these processes c) Credentials awarded d) Logistics for maintenance of PA Trainee transcripts; copies of PA trainee agreements e) Documentation of insurance coverage f) Copies of personnel benefits policies, disability insurance coverage; Policy/documentation of PA trainee compensation package g) Policies documenting measures to ensure PA trainee and program personnel safety, such as program and institutional policies or manuals, instruction on occupational health and safety, incident-reporting processes for didactic instruction and supervised clinical practice sites, harassment prevention policies and procedures, conflict resolution processes. h) Documentation of FTE/workload for MD & PD i) Discussions with PA trainees & faculty on site

A Standards: Administration		Evidence Suggestions / Performance Indicators
	<p>i) providing <i>sufficient</i> support services to assure that <i>PA trainees</i> will not be required to perform non-patient related clerical or administrative work for the program that is not a component of the <i>curriculum</i>,</p> <p>j) providing appropriate medical records access to PA trainees,</p> <p>k) (“k” rescinded effective 10/2/21)</p> <p>l) complying with ARC-PA PG accreditation Standards and policies, and</p> <p>m) <i>teaching out</i> currently matriculated <i>PA trainees</i> in accordance with the institution’s regional accreditor or state and/or federal law and in compliance with these accreditation standards in the event of program closure and/or loss of accreditation.</p>	<p>j) Documentation of PA trainee practice privileges/EMR access</p> <p>l) Evidence of institutional support for accreditation</p> <p>m) Policy for teaching out PA trainees in event of program closure</p>
A2.02	The sponsoring institution must provide the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled PA trainees.	Budget indicating that resources are assured for current educational activities, even in event of program closure
A2.03	<p>The sponsoring institution must provide the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled PA trainees.</p> <p>annotation: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program-related activities. They include sufficient administrative and technical support staff to support faculty in accomplishing their assigned tasks.</p>	<p>Faculty and staff positions filled or evidence of active search if recent unfilled positions exist.</p> <p>Evidence of sufficient administrative & technical support staff for faculty.</p> <p>List of administrative and technical support staff with position specific job descriptions.</p>
A2.04	The sponsoring institution must provide the program with the academic resources needed by the program, administrative support staff and PA trainees to operate the educational program and to fulfill obligations to matriculating and enrolled PA trainees.	<p>Verification at the time of site visit of program’s description in application</p> <p>Discussions on site</p>

A Standards: Administration		Evidence Suggestions / Performance Indicators
	Annotation: Academic resources include sufficient patient population to provide clinical experiences for PA trainees; computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information and current literature; the full text of current books, journals, periodicals and other reference materials related to the <i>curriculum</i> .	
A2.05	<p>The sponsoring institution <i>must</i> assure that the program has the following physical resources:</p> <p>a) <i>sufficient</i> classrooms, labs, and clinical practice sites for <i>PA trainees</i>.</p> <p>b) sleeping rooms and food facilities, if institutionally appropriate for call duty, available for all <i>PA trainees</i> while on “in-patient” assigned call duty,</p> <p>c) space for confidential academic counseling of <i>PA trainees</i>, and</p> <p>d) secure storage for <i>PA trainee</i> files and records.</p>	<p>Verification at time of site visit of program’s description in submitted application.</p> <p>Verification at the time of site visit of program’s description of physical space/resources in application.</p>
A3 Standards: Personnel Program Faculty		
A3.01	<i>Program faculty must</i> include healthcare professionals who have the necessary education, specialty qualifications and expertise to provide didactic or clinical instruction and oversight for the <i>PA trainees</i> .	Current CVs included in application and available at site visit documenting education and experience. Job descriptions should be written for all positions of faculty and staff categories within the program.
A3.02	The program <i>must</i> have a designated program director, medical director, and <i>sufficient administrative support staff</i> .	<p>Current CVs, interviews with faculty during visit to verify and/or clarify program’s description in application</p> <p>Verification at the time of site visit of program’s description in application</p>

A Standards: Administration		Evidence Suggestions / Performance Indicators
		Discussions on Site
A3.03	The medical director and program director <i>must</i> be responsible for the administration and coordination of the didactic and clinical portions of the <i>curriculum</i> .	Verification at the time of site visit of program's description in application Discussions on Site
A3.04	The program <i>must</i> have a <i>sufficient</i> number of <i>program faculty</i> to provide <i>PA trainees</i> with the supervision, education and evaluation necessary to achieve advanced <i>competencies</i> safely.	Description of program & <i>instructional faculty</i> responsibilities, including assigned curricular content/courses, clinical instruction/supervision of <i>PA trainees</i> .
A3.05	<i>Program faculty must</i> participate in: a) selection of <i>PA trainees</i> from the applicant pool, b) designing, implementing, coordinating, and evaluating the <i>curriculum</i> , c) providing instruction to PA trainees, d) evaluation of <i>PA trainee</i> performance, e) academic counseling of <i>PA trainees</i> , f) remedial instruction of <i>PA trainees</i> , and g) evaluation of the program.	a) Written description of <i>PA trainee</i> selection process explaining role of faculty. b) Discussions on site. c) Documentation listing each faculty member's course and instruction responsibilities, course or listing of clinical experiences. d) Description of faculty role in evaluating <i>PA trainee</i> performance in attaining the program's defined <i>learning outcomes</i> . e) Documentation of faculty- <i>PA trainee</i> feedback/advising sessions for evaluation of <i>PA trainee</i> academic/clinical performance. f) Documentation in <i>PA trainee</i> records regarding remedial instruction provided. g) Discussions on Site.
A3.06	The program must have a clearly defined mission statement that is consistent with the mission of the institution and supported by faculty.	Review of institutional & program mission statements; discussions on site.

A Standards: Administration		Evidence Suggestions / Performance Indicators
A3.07	Each training location <i>must</i> have an instructional faculty to coordinate and facilitate supervision of the <i>PA trainee</i> while at the particular location.	List(s) of clinical sites, clinical experiences schedule, documentation of <i>instructional faculty</i> providing clinical supervision, indicating their professional medical titles and credentials.
A3 Standards: Personnel Program Director		
A3.08	<p>The program director <i>should</i> be a PA with requisite experience in the specialty of the program. If the program director is not a PA, then the program director <i>must</i> be a physician.</p> <p>a) If the program director is a PA, s/he <i>must</i> hold current NCCPA certification and current licensure in the state in which the program exists (unless exempt under state or federal law).</p> <p>b) If the program director is a physician, s/he <i>must</i> hold current licensure as an allopathic or osteopathic physician in the state in which the program exists and <i>must</i> be certified by an ABMS- or AOA-approved specialty board. (unless exempt under state or federal law.)</p>	Current CV with educational background; copy of current certification and/or licensure information.
A3.09	The program director <i>must</i> have the requisite knowledge and skills to administer the program effectively.	Current CV; discussions with administrators, faculty, staff and <i>PA trainees</i> .
A3.10	The program director must provide effective leadership and management.	Discussions with administrators, faculty, staff and <i>PA trainees</i> .
A3.11	<p>The program director must be knowledgeable about and responsible for the program's:</p> <p>a) organization</p> <p>b) administration c) fiscal management d) continuous review and analysis e) planning f) development, and</p>	<p>a) Diagram of institutional reporting and organizational structure verified in specific discussions during visit.</p> <p>b-f)) Written evaluations of program director, discussions with faculty, dean or other institutional administrators, <i>PA trainees</i> Minutes of program meetings</p>

A Standards: Administration		Evidence Suggestions / Performance Indicators
	g) accreditation requirements and process	(e.g. faculty/planning/curriculum meetings). g) Completeness and accuracy of application submitted, including appendices, self-study report Arrangements made for site visit, including schedule and materials prepared for site visitors Discussions on Site
A3.12	Together the program director and medical director <i>must</i> assure and document that adequate supervision of PA trainees is provided.	Verification at the time of site visit of program's description in application.
A3 Standards: Personnel Medical Director		
A3.13	<p>The Medical Director must:</p> <p>a) hold a current, valid, unrestricted, and unqualified license to practice medicine as an allopathic or osteopathic physician in the state in which the program exists (unless exempt under state or federal law)</p> <p>b) be currently certified by ABMS or AOA approved specialty board and experienced in the delivery of the type of health care services for which the PA trainee is being educated</p> <p>c) be knowledgeable about current practice standards and the PA role</p> <p>d) support the program director to ensure proficient medical guidance for didactic and supervised clinical instruction that meets best practice guidelines and the accepted standards of care</p> <p>e) be an advocate for the program within the sponsoring institution and the medical and academic communities.</p>	Current CV with educational background; copy of current certification and/or licensure. Discussions on site.
A3 Standards: Professional Development		
A3.14	The sponsoring institution <i>must</i> provide the opportunity for continuing professional development of the <i>program faculty</i> by supporting the development of the clinical,	Written program policies, institution documents, documents in program director and faculty files indicating professional

A Standards: Administration		Evidence Suggestions / Performance Indicators
	<p>teaching, scholarly, and administrative skills/abilities required for their role in the program.</p> <p>ANNOTATION: Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities. The types of opportunities supported by institutions vary and may include funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for research/scholarly activities, time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and fees related to certification maintenance and/or time needed for review and study.</p>	<p>development, including clinical updating and skill enhancement in educational techniques; faculty CVs; list of the continuing professional development activities of the program faculty.</p> <p>Evidence of licensure/certification reimbursement; CME budgetary support.</p>
A3.15	The program <i>should</i> support the <i>program faculty</i> assigned to work in the program in maintaining their national NCCPA certification status, unless exempt by law.	<p>Program policies</p> <p>Discussions on Site</p>
A3 Standards: Instructional Faculty		
A3.16	In addition to the program and medical director, there <i>must</i> be <i>sufficient</i> additional <i>instructional faculty</i> to provide <i>PA trainees</i> with the attention, instruction, and supervised practice experiences necessary to acquire the knowledge and <i>competencies</i> required to meet the <i>learning outcomes</i> of the program.	Description <i>instructional faculty</i> responsibilities, including assigned curricular content/courses, clinical instruction/supervision of <i>PA trainees</i> .
A3.17	<p><i>Program and instructional faculty must:</i></p> <p>a) be qualified through academic preparation and experience to teach assigned content, and</p> <p>b) be knowledgeable in course content and effective in teaching assigned topics</p>	<p>Current CVs included in application and available during visit to verify and/or clarify program's application</p> <p>Written <i>PA trainee</i> evaluations of faculty.</p> <p>Discussions on site</p>
A3.18	All <i>program faculty</i> and <i>instructional faculty</i> assigned to teach <i>PA trainees</i> <i>must</i> be responsible for evaluating <i>PA trainee</i> performance and identifying <i>PA trainees</i> who	Description of faculty role in evaluation of <i>PA trainees</i> academic and clinical performance; process for faculty

A Standards: Administration		Evidence Suggestions / Performance Indicators
	appear to be struggling with meeting expected <i>learning outcomes</i> or <i>competencies</i> in a <i>timely</i> manner.	identification & notification of <i>PA trainees</i> requiring remediation, who are not meeting the program's expected <i>learning outcomes</i> and <i>competencies</i> . Discussions on site
A3 Standards: Administrative Support Staff		
A3.19	("A3.19" rescinded effective 10/2/21)	
A4 Standards: Operations Fair Practices and Admissions		
A4.01	The program, <i>program faculty</i> and <i>PA trainees</i> must comply with applicable state PA practice legislation and regulations.	Program operations reviewed by institutional administrators or legal counsel with this standard in mind Description in application of procedures for review to assure compliance.
A4.02	The program must develop a schedule of <i>PA trainees</i> educational activities that facilitates learning, performance and achievement of program <i>competencies</i> , allowing for safe and high quality patient care.	<i>PA trainee</i> educational schedule. Discussions on site
A4.03	<i>PA trainees must</i> be provided with rapid, reliable systems for communicating with their clinical supervisors.	Verification at time of site visit of program's description of this process in application.
A4.04	Announcements and advertising must accurately reflect the program offered.	Institution and program written and electronic documents must be consistent and reflective of the program educational experience provided.
A4.05	All personnel and program policies <i>must</i> be consistent with federal and state statutes, rules and regulations.	Institution and program written, and electronic policies reviewed by institutional administrators or legal counsel with this standard in mind. Description in application of policy review to assure compliance.
A4.06	The program <i>must</i> clearly define and publish the admission requirements and practices upon which admissions decisions are made.	Written admission policies and procedures adhered to as evidenced by review of applicant files and <i>PA trainee</i> files on site.

	A Standards: Administration	Evidence Suggestions / Performance Indicators
A4.07	The program <i>must</i> provide notification of acceptance to potential <i>PA trainees</i> according to its published practice/timeline and include, the notification of acceptance and the <i>written</i> conditions of appointment.	Provide notification guidelines and examples of communications provided to <i>PA trainees</i> .
A4.08	<p>Applicants being considered for acceptance into the program <i>must</i> be informed in writing or by electronic means of the terms, conditions and benefits of appointment, to include:</p> <ul style="list-style-type: none"> a) PA trainee responsibilities, b) duration of appointment and conditions for reappointment, c) available financial support, d) policies about paid time off (such as vacation, sick, leave of absence, professional development), e) (“e” rescinded effective 10/2/21) f) professional liability insurance, g) hospitalization, health, disability and other insurance provided for PA trainees and their families, and h) conditions under which living quarters, meals, laundry services are to be provided, if applicable. 	Institutional and program documents and web site are consistent with each other and clearly describe all components of the standard.
A4.09	<p>The following <i>must</i> be defined, published, and readily available to <i>prospective</i> and enrolled <i>PA trainees</i>:</p> <ul style="list-style-type: none"> a) ARC-PA accreditation status, b) policies and practices that favor specific groups of applicants in the admissions process, c) program eligibility requirements, d) policies regarding <i>advanced placement</i>, e) policies related to required duty hours, 	<p>Institutional and program policies/documents and program website are consistent with each other. Policies are easily located and clearly describe all components of the standard.</p> <p>d) Detailed program criteria and process for granting <i>advanced placement</i> (which may differ from</p>

	A Standards: Administration	Evidence Suggestions / Performance Indicators
	<p>f) policies related to <i>instructional faculty</i> supervision of <i>PA trainees</i>,</p> <p>g) required <i>technical standards</i>,</p> <p>h) all required curricular components,</p> <p>i) academic credit offered by the program, if applicable,</p> <p>j) estimates of all costs related to the program which may be incurred by the <i>PA trainee</i>,</p> <p>k) policies and procedures for refunds of tuition and fees, if applicable,</p> <p>l) policies regarding <i>PA trainees'</i> moonlighting or otherwise working during the program,</p> <p>m) policies related to remuneration and benefits,</p> <p>n) policies addressing reduction in size or closure of a <i>clinical postgraduate PA program</i>, and how <i>PA trainee</i> would be assisted in completing their education in such instances, and</p> <p>o) defined training duties and weekly time expectations.</p>	<p>course to course). Records of students granted advanced placement. Documentation of competencies assessed and student performance when advanced placement is granted.</p> <p>g)) <i>Technical standards</i> are requirements for admission to or participation in an educational program or activity. They include the academic & nonacademic standards, skills & performance requirements demanded of every participant in an educational program.</p>
A4.10	<p>The following <i>must</i> be defined, <i>published</i>, and <i>readily available</i> to enrolled <i>PA trainees</i>:</p> <p>a) required academic standards for progression in the program,</p> <p>b) policies and procedures for <i>PA trainee</i> withdrawal from the program,</p>	<p>Institutional and program policy documents will clearly describe all components of the standard.</p>

A Standards: Administration	Evidence Suggestions / Performance Indicators
<p>c) policies and procedures for <i>PA trainee</i> dismissal from the program,</p> <p>d) policies and procedures for <i>PA trainee</i> grievances,</p> <p>e) policies describing how <i>PA trainee</i> impairment, including that due to substance abuse, will be handled, and</p> <p>f) policies covering sexual and other forms of harassment.</p> <p>g) policies and procedures for <i>PA trainee</i> remediation during the program.</p>	
<p>A4.11 Grievance and due process policies and procedures <i>must</i> address:</p> <p>a) academic or other disciplinary actions taken against <i>PA trainees</i> that could result in dismissal, nonrenewal of a <i>PA trainee's</i> agreement or other actions that could significantly threaten a <i>PA trainee's</i> intended career development, and</p> <p>b) adjudication of <i>PA trainee</i> complaints and grievances related to the work environment or issues related to the program or <i>program faculty</i>.</p>	<p>Institutional and program policies/documents and web site are consistent with each other. Policies are easily located and clearly describe all components of the standard.</p>
<p>A4.12 Programs granting <i>advanced placement must</i> document that <i>PA trainees</i> receiving <i>advanced placement</i> have:</p> <p>a) met program defined criteria for such placement</p> <p>b) met institution defined criteria for such placement, and</p> <p>c) demonstrated appropriate <i>competencies</i> for the curricular components in which <i>advanced placement</i> is given.</p>	<p>Detailed program criteria for granting <i>advanced placement</i> (which may differ from course to course). Records of <i>PA trainees</i> given <i>advanced placement</i>. Documentation of <i>competencies</i> assessed and <i>PA trainee</i> performance.</p>
<p>A4.13 Policies and procedures for processing <i>PA trainee</i> grievances <i>must</i> be defined, <i>published</i>, and <i>readily available</i> to <i>program faculty</i>.</p>	<p>Institutional and program policies/documents and web site are consistent with each other. Policies are easily located and clearly describe all components of the standard.</p>

A Standards: Administration		Evidence Suggestions / Performance Indicators
A4.14	<i>PA trainees must not be required to perform non-patient related clerical or administrative work for the program that is not a component of the curriculum.</i>	Program policies. Preceptor orientation materials or correspondence.
A4.15	<i>PA trainees must not have access to the records or other confidential information of other PA trainees or program faculty.</i>	Policies and procedures regarding confidentiality and access of files.
A4 Standards: Operations PA Trainee Records		
A4.16	<i>PA trainee files kept by the program must include documentation:</i> a) that the <i>PA trainee</i> has met <i>published</i> admission criteria, b) that the <i>PA trainee</i> has met institution health screening and immunization requirements, c) of the evaluation of <i>PA trainee</i> performance while enrolled, d) of remediation and results, e) of disciplinary action, and f) that the <i>PA trainee</i> has met requirements for program completion.	<i>PA trainee</i> files organized using a consistent format for each file, with components of this standard clearly identified for site visitors.
A4 Standards: Operations Program Faculty Records		
A4.17	Records of the program director, medical director and any <i>program faculty must</i> include: a) a current job description that includes duties and responsibilities specific to each individual, and b) a current curriculum vitae (CV).	Faculty records contain current CV and position descriptions

SECTION B: CURRICULUM

Section B addresses the *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, handbooks or manuals, web sites, course syllabi, *PA trainee* files, and records describing the content areas addressed in the *Standards*.

Site visitors and ARC-PA subcommissioners review materials looking for accuracy and currency of content, as well as consistency. In reviewing course-related materials, they look at course syllabi, which should include the course name, course description, course goals, outline of topics to be covered, specific expected *learning outcomes*, faculty instructor of record, methods of *PA trainee* assessment and/or evaluation and plan for grading. They review blank as well as completed course and *PA trainee* evaluation tools.

During discussion with administrators, faculty, preceptors and *PA trainees*, site visitors verify that the processes described and informed submitted by the program or reviewed on site actually reflect the program.

Programs are expected to have the required documents well organized, *readily available*, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

STANDARDS SECTION B INTRODUCTION

The program *curriculum* enhances *PA trainees'* abilities to provide patient centered care and collegially work on medical teams in a specialty discipline. The *curriculum* supports the use of health information technology and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of clinical practice.

Section B addresses all aspects of the *curriculum*. The professional curricula for *clinical postgraduate PA program* education will vary somewhat by discipline but is expected to address appropriate application of medical, behavioral and social sciences; patient assessment and clinical medicine; and clinical practice.

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

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

B Standards: Curriculum		Evidence Suggestions / Performance Indicators
B1.01	The <i>curriculum must</i> include didactic content as well as clinical skills and practice experiences applicable to the specialty of the program.	Curriculum-related materials
B1.02	The <i>curriculum must</i> be of <i>sufficient</i> breadth and depth to prepare the <i>PA trainee</i> for clinical practice in the specialty of the program.	Course-related materials include higher level learning outcomes that define expected <i>competencies</i> appropriate for clinical practice in the specialty.
B1.03	<p>The <i>curriculum design must</i> reflect sequencing that enables the <i>PA trainee</i> to meet program defined <i>learning outcomes</i> and demonstrate competency in the specialty of the program.</p> <p>ANNOTATION: The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the <i>curriculum</i>. It does not mandate that content be delivered in separate courses with traditional discipline names. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing are expected to build upon previously achieved <i>PA trainee</i> learning.</p>	<p>Graphic display of the <i>curriculum</i> design and sequencing.</p> <p>Course/<i>didactic</i> instruction and <i>clinical experiences</i> sequence in conjunction with course syllabi demonstrate a <i>curriculum</i> that sequentially builds upon previous knowledge and <i>competencies</i>.</p>
B1.04	The program <i>must</i> provide <i>PA trainee</i> with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined <i>competencies</i> .	Curriculum-related materials
B1.05	<p>The program <i>must</i> assure educational equivalency of curricular content, <i>PA trainee</i> experience, and access to didactic and clinical resources when instruction is:</p> <ul style="list-style-type: none"> a) conducted at geographically separate locations, and b) provided by different pedagogical and instructional methods or techniques for some <i>PA trainees</i>. 	<p>Documents showing comparison of course content, <i>PA trainee</i> experience and access to didactic and clinical materials when instruction is provided in different geographic locations or by different means (such as online vs. in person) for some <i>PA trainees</i>.</p> <p><i>PA trainee</i>-completed evaluations demonstrate course equivalency</p>

B Standards: Curriculum		Evidence Suggestions / Performance Indicators
B1.06	<p>For each didactic and clinical curriculum, the program must provide each PA trainee with a <i>written</i> document that includes <i>learning outcomes</i> to guide <i>PA trainee</i> acquisition of required <i>competencies</i>.</p> <p>ANNOTATION: <i>Learning outcomes</i> must be stated in measurable terms allow assessment of <i>PA trainee</i> progress in developing the <i>competencies</i> required for entry into practice for the specific speciality of the program. They address learning expectations of the <i>PA trainee</i> and the level of <i>PA trainee</i> performance required for success.</p>	<p>Course <i>learning outcomes</i> are clear in defining expectations, provide guidance and include resources to help <i>PA trainee</i> achieve program defined <i>competencies</i>.</p>
B1.07	<p>The program <i>must</i> orient <i>instructional faculty</i> to the specific educational <i>competencies</i> expected of <i>PA trainee</i>.</p> <p>ANNOTATION: <i>Program</i> and <i>instructional faculty</i> need to work collaboratively in designing courses with appropriate <i>learning outcomes</i> and <i>PA trainee</i> assessment tools that reflect the <i>learning outcomes</i> expected.</p>	<p>Orientation materials for faculty and preceptors.</p> <p>Correspondence to faculty and preceptors.</p>
B1.08	<p>The program <i>must</i> be responsible for the selection of clinical sites to which <i>PA trainees</i> will be assigned for <i>clinical experiences</i> to ensure that sites and <i>preceptors</i> meet program expectations for <i>learning outcomes</i> and performance evaluation measures.</p>	<p>List of clinical sites.</p> <p>Clinical experiences schedule.</p> <p><i>Learning outcomes</i> for each <i>clinical experience</i>.</p>
B1.09	<p>The program <i>must</i> assure that the volume and variety of clinical experiences provides for a <i>sufficient</i> number and distribution of appropriate experiences/cases for each <i>PA trainee</i> in the program to meet defined program expected <i>learning outcomes</i>.</p>	<p>Verification at the time of site visit of program's description in application.</p> <p>Policies and procedures for <i>PA trainee</i> placement at clinical sites.</p> <p>Program evaluations of clinical sites in terms of their ability to provide needed experiences.</p> <p><i>PA trainee</i> evaluations of sites; documentation of patient encounters.</p>

B Standards: Curriculum		Evidence Suggestions / Performance Indicators
B1.10	<p>The program <i>must</i> not require that <i>PA trainees</i> provide or solicit their own clinical sites or <i>preceptors</i> for program- required <i>clinical experiences</i>. The program <i>must</i> coordinate clinical sites and <i>preceptors</i> for program-required clinical experiences to meet expected <i>learning outcomes</i>.</p> <p>ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and <i>preceptors</i> for suitability as a required or elective clinical experience. The <i>PA trainee</i> may make suggestions to <i>program faculty</i> for sites and <i>preceptors</i> but are not required to do so. <i>PA trainee</i> suggested sites and <i>preceptors must</i> be reviewed, evaluated and approved for educational suitability by the program.</p>	Program policies and procedures. Discussions on Site.
B1.11	The <i>curriculum must</i> include instruction to prepare the <i>PA trainee</i> to provide medical care to patients from diverse populations	Review of <i>PA trainee</i> clinical experience schedule and <i>learning outcomes</i> .
B1.12	The <i>curriculum must</i> include instruction that addresses disparities in the health status of people from diverse racial, ethnic, and cultural background.	Review of <i>curriculum</i> -related materials.
B1.13	<p>The <i>curriculum must</i> include instruction on:</p> <ul style="list-style-type: none"> a) principles of quality improvement and patient safety, b) patient-centered care, and c) incorporating interprofessional teamwork into practice. 	Review of <i>curriculum</i> -related materials.
B1.14	The <i>curriculum must</i> include instruction to prepare <i>PA trainees</i> to participate in the performance improvement method used by healthcare organizations to improve healthcare outcomes.	Review of <i>curriculum</i> -related materials.
B1.15	The program <i>curriculum must</i> include instruction in the principles and practice of medical ethics relevant to the discipline in which they are being trained.	Review of <i>curriculum</i> -related materials.

B Standards: Curriculum		Evidence Suggestions / Performance Indicators
B1.16	The <i>curriculum must</i> include evolving biomedical and clinical sciences and the application of this knowledge to patient care.	Review of <i>curriculum</i> -related materials.
B1.17	The program <i>curriculum must</i> include instruction to prepare PA trainees to search, interpret, and evaluate the medical literature within the program specialty/discipline, including its application to individualized patient care.	Review of <i>curriculum</i> -related materials.

SECTION C: EVALUATION

This section addresses evaluation across the program, including the *PA trainees* and their clinical experiences. A major focus of this section is the program's ongoing self-assessment process and changes made as a result of analyzing the outcomes. Much of the evidence related to Section C is described in program documents, planning files and records, *PA trainee* files and records, evaluation tools and surveys.

Site visitors and ARC-PA subcommissioners review materials looking for the processes and outcomes of evaluation, as well as how changes are made to the program based on these findings. They look at the 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 responses to the Self-Study questions and the data supporting them are critical pieces of evidence for this section. Site visitors review the source data used for the responses, verifying that the resulting data analysis reflects the data gathered.

In reviewing *PA trainee* evaluation materials, site visitors compare information described in course *syllabi* and *learning outcomes* with evaluation processes and outcomes. They need to review blank and completed evaluation instruments used to assess *PA trainee* performance across the *curriculum*. Documents related to identifying *PA trainees* who need remediation and how the program assists those *trainees* are important.

In reviewing materials related to clinical site evaluation, site visitors and ARC-PA subcommissioners examine documents used in the evaluation of these sites. They look for information to verify the site's ability to offer an educational experience that not only provides necessary patient encounters, but also helps the *PA trainee* develop expected skills and competencies. They also review evaluations of preceptors who supervise the *PA trainees* during these clinical experiences.

During discussion with administrators, faculty, preceptors and *PA trainees*, site visitors verify that the processes described and informed submitted by the program or reviewed on site actually reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

STANDARDS SECTION C INTRODUCTION

Introduction: The program *must* have a robust and systematic process of ongoing self-assessment to review the quality and *effectiveness* of their educational practices, policies and outcomes. This process *should* be conducted within the context of the mission and *goals* of both the sponsoring institution and the program, using the *Accreditation Standards for Clinical Postgraduate PA Programs (Standards)* as the point of reference. A well-developed process occurs throughout the year and across all components of the program. It critically assesses all aspects of the program relating to sponsorship, resources, *PA trainees*, operational policies, and didactic and clinical *curriculum*. The process is used to identify strengths and areas in need of improvement and *should* lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions. The program's data collection and evaluation *must* be submitted using forms and processes developed by the ARC-PA. The data sources specified are considered minimums. Programs are encouraged to use additional data sources.

C Standards: Evaluation		Evidence Suggestions / Performance Indicators
C1 Standards: Program Assessment		
C1.01	<p>The program <i>must</i> define its ongoing self-assessment process that is designed to document program <i>effectiveness</i> and foster program improvement. At a minimum, the process <i>must</i> address:</p> <ul style="list-style-type: none"> a) administrative aspects of the program and institutional resources, b) <i>effectiveness</i> of the didactic curriculum, c) <i>effectiveness</i> of the clinical curriculum, d) preparation of trainees to achieve program defined <i>competencies</i>, and 	<p>Program narrative to provide insight into the program's designed & implemented self-assessment process for continual program improvement through critical analysis of collected data.</p> <p>Evaluation of the Program Director to include assessment of Program Director's performance related to knowledge about and responsible for the program's organization, administration, fiscal management, continuous review and analysis, planning, development, and accreditation requirements and process.</p>

C Standards: Evaluation		Evidence Suggestions / Performance Indicators
	e) <i>sufficiency and effectiveness of principal and instructional faculty and staff.</i>	Refer to C1.03 for examples of appropriate data collection tools.
C1.02	<p>The program <i>must</i> implement its ongoing self-assessment process by:</p> <ul style="list-style-type: none"> a) conducting data collection, b) performing critical <i>analysis</i> of data leading to conclusions that identify: <ul style="list-style-type: none"> i. program strengths, ii. program areas in need of improvement, and iii. action plans to address 	<p>Use of the Four Elements of Analysis: (DACA)</p> <ol style="list-style-type: none"> 1. Data Collection 2. Analysis of data 3. Application of Results & Development of Conclusions 4. Development of Action Plan <p>A resource provided by ARC-PA: http://www.arc-pa.org/wp-content/uploads/2019/07/Data-Analysis-Resource-for-Programs-May-2015.pdf</p> <p>Comparison of <i>PA trainee</i> evaluation instruments to expected <i>learning outcomes</i> and program defined <i>competencies</i></p> <p>Data analysis from PA trainee performance data (e.g. by cohort) to include course or <i>clinical experience</i> failure rates, <i>PA trainee</i> attrition, <i>deceleration & remediation</i> rates.)</p> <p>Schedule of <i>when PA trainee formative evaluations</i> occur</p> <p><i>Course syllabi</i>, methodology and evaluation instruments used.</p> <p>Application directions guide SSR submission; includes required templates & narrative for evaluation of program's self-assessment process.</p> <p>Data/analysis/conclusions/actions for program modifications/areas of strengths/areas in need of improvement identified as a result of on-going program self-assessment are documented.</p>

C Standards: Evaluation		Evidence Suggestions / Performance Indicators
		<p>Program generated data is presented in a tabular display, clearly identifying the respective student cohorts and in a year to year format that clearly displays trends and directly supports the program's analysis/discussion. The critical analysis of listed components shows cause and effect and/or correlational relationships and trending with program outcomes. Analysis includes, but is not limited to, the method for analysis of quantitative and qualitative data and explains the rationale for the choice of benchmarks. Critical assessment of all aspects of the program (curricular and *administrative) relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites is documented.</p> <p>Data and analysis justify the program's conclusions and support actions taken. Modifications made as a result of analysis are evaluated for effectiveness. *Administrative aspects of the program, such as those addressed in the A section of the Standards: institutional sponsorship, resources (financial, human, physical and technology), policies/procedures, and student services.</p>
C1.03	The program <i>must</i> prepare a self-study report as part of the application for accreditation that <i>accurately</i> and <i>succinctly</i> documents the process, application and results of ongoing program self-assessment. The report <i>must</i> follow the guidelines provided by the ARC-PA.	<p>Use of quantitative and qualitative evaluation data which is critically analyzed by the program; application of analysis leads to curricular or administrative program improvement. Evaluation tools employed may include but not limited to:</p> <p>PA trainee evaluations of:</p> <p>a) clinical sites,</p>

C Standards: Evaluation		Evidence Suggestions / Performance Indicators
		<p>b) faculty (both program and instructional faculty (including clinical preceptors),</p> <p>c) curriculum, both didactic and clinical courses/instruction</p> <p>d) program/resources</p> <p>Faculty evaluations of:</p> <p>a) institutional resources & support</p> <p>b) curriculum, both didactic and clinical instruction</p> <p>c) the program, operational policies & other administrative processes</p> <p>Preceptor evaluations of PA trainees</p> <p>PA Trainee performance data (e.g. academic, clinical/technical, patient encounter data)</p> <p>Post completion data: program outcomes, employment data, employer surveys, etc.</p> <p>Evaluation of the Program Director to include assessment of Program Director's performance related to knowledge about and responsibilities for the program's organization, administration, fiscal management, continuous review and analysis, planning, development, and accreditation requirements and process.</p>
C1.04	("C1.04" rescinded effective 10/2/21)	
C1.05	("C1.05" rescinded effective 10/2/21)	
C2 Standards: Clinical Site Evaluation		
C2.01	The program must define, implement and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA trainees' clinical experiences.	Description and documentation of process for initial and ongoing clinical site evaluation and preceptor evaluation, including format and timing of evaluations, forms completed by faculty,

C Standards: Evaluation		Evidence Suggestions / Performance Indicators
	<p>ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and preceptors as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.</p>	<p>evaluations completed by PA trainees.</p> <p>Process should be consistent across sites and program evaluators and should be effective in identifying sites that do not learning requirements</p> <p>Documentation maintained on evaluation by the program of each site in terms of its ability to provide needed experiences (completed site visit forms, documentation of phone calls), completed PA trainee evaluations of sites used, summary and comparison of documentation of patient encounters</p>
C2.02	<p>The program must assure and document that each clinical site provides the <i>PA trainees</i> access to the physical facilities, patient populations, and supervision necessary to fulfill the program's <i>learning outcomes</i>.</p> <p>ANNOTATION: Site evaluation involves <i>program faculty</i> monitoring the sites used for clinical skills experiences or clinical experiences and modifying them as necessary to ensure the expected learning outcomes will be met by each <i>PA trainee</i> by program completion. It is expected that program faculty document that differences in clinical settings do not impede the overall accomplishment of expected <i>learning outcomes</i>. This should include ensuring that <i>preceptors</i> are providing adequate supervision of <i>PA trainees</i> including observation of procedures trainees are not credentialed to perform. As part of clinical supervision, <i>PA trainees</i> must receive mentoring and feedback.</p>	<p>Comparison of evaluation documentation maintained at each site in relation to defined program process</p> <p>Documentation of each site's physical facility, patient demographics, <i>PA trainee</i> supervision (evaluation by program, <i>PA trainee</i> patient encounter logs)</p>

SECTION D: PA TRAINEE SERVICES

Site visitors and ARC-PA subcommissioners review materials looking for accuracy of current policies and procedures as well as consistency in materials that address the same content areas. During discussions with administrators, faculty, *preceptors*, and *PA trainees*, site visitors

verify that the processes described and information submitted by the program or reviewed on site actually reflect the program.

Programs are expected to have the required documents well organized, *readily available*, and marked for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

STANDARDS SECTION D INTRODUCTION

PA trainee should be provided with the same types of health and supportive guidance services offered to other health professional learners providing patient care. PA trainees own confidential health information must be protected so as not to cause a potential bias or conflict on the part of the supervisors who also serve as program faculty and evaluators. Guidance and counseling must be provided to all PA trainees, to assist in their understanding of program requirements and to assist in any academic concerns that may arise. The PA trainee must be identified as such so that patients and providers are clearly aware of their status in the provision of medical care.

D Standards: PA Trainee Services		Evidence Suggestions / Performance Indicators
D1 Standards: PA Trainee Health		
D1.01	Health screening and immunization of <i>PA trainees</i> must: a) be based on current Centers for Disease Control and Prevention recommendations for health professionals b) be consistent with institutional policy c) not be conducted by <i>program faculty</i> .	Policies and procedures for <i>PA trainee</i> health screening and immunization as described in promotional materials and Web site consistent with CDC recommendations
D1.02	<i>Program faculty must</i> not participate as health care providers for <i>PA trainees</i> in the program, except in an emergency situation.	Position descriptions, faculty assignments, discussions on site
D1.03	The program <i>must</i> inform <i>PA trainees</i> of, and provide access to, health care services <i>equivalent</i> to those that the sponsoring institution makes available to other health profession residents or employees.	Program and institutional materials, Web site information regarding access to health services equivalent to those for other residents or employees Program policies and procedures that address <i>PA trainee</i> health when away from the program at <i>clinical experiences</i>

D Standards: PA Trainee Services		Evidence Suggestions / Performance Indicators
D1.04	<i>Program faculty and administrative support staff must not have access to or review the confidential health records of PA trainees, except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the PA trainee.</i>	<p>Policies and procedures regarding content of files kept on <i>PA trainees</i> in program office, indicating that health records must be separate</p> <p>Policies and procedures regarding access to <i>PA trainee</i> health records</p> <p>Permission release forms</p> <p>Review of <i>PA trainee</i> files</p>
D1 Standards: PA Trainee Guidance		
D2.01	The program <i>must</i> assure that guidance is available to assist <i>PA trainees</i> in understanding and abiding by program policies and practices.	Program policies and procedures
D2.02	The program <i>must</i> assure that <i>PA trainees</i> have <i>timely</i> access to <i>program faculty</i> for assistance and counseling regarding their academic concerns and academic problems.	Faculty position descriptions, schedules
D2.03	The program <i>must</i> support and facilitate <i>PA trainee</i> access to appropriate health and wellness resources whenever indicated.	<p>Program policies</p> <p>List of referral resources</p>
D1 Standards: PA Trainee Identification		
D3.01	<i>PA trainees must</i> be clearly identified as such to distinguish them from physicians, medical residents, staff PAs, other health care professionals and students.	<p>Program policies and procedures</p> <p>Name tags, jacket patches/emblems</p>

SECTION E: ACCREDITATION MAINTENANCE

Section E 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 for Section E is documented correspondence with the ARC-PA.

During discussion with administrators, faculty, preceptors and *PA trainees*, site visitors verify that the processes described and informed submitted by the program or reviewed on site actually reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

E Standards: Accreditation Maintenance Program & Sponsoring Institution Responsibilities		Evidence Suggestions / Performance Indicators
E1.01	In accordance with ARC-PA policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the ARC-PA, an accreditation action of Accreditation Withdrawn.	
E1.02	The program <i>must</i> inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from The Joint Commission or the sponsoring institution's <i>regional or specialized and professional accrediting agency</i> or any state or federal action.	Evidence that notification of adverse accreditation action has been conveyed to the ARC-PA in a timely manner
E1.03	The program <i>must</i> agree to periodic comprehensive reviews that may include a site visit as determined by the ARC-PA.	Signatures on application
E1.04	The program <i>must</i> submit surveys and reports as required by the ARC-PA.	Surveys and reports receive by the ARC-PA in the appropriate format and at the prescribed time
E1.05	The program <i>must</i> inform the ARC-PA in writing of changes in the program director, medical director or <i>program faculty</i> within 30 days of the date of the effective change.	Evidence that notification of changes in the program director, medical director, or <i>program faculty</i> were submitted to the ARC-PA in a timely manner
E1.06	The program must inform the ARC-PA, using forms and processes developed by the ARC-PA, of a temporary vacancy of <i>program</i>	ARC-PA forms/processes filed. Discussions on Site

E Standards: Accreditation Maintenance Program & Sponsoring Institution Responsibilities	Evidence Suggestions / Performance Indicators
E1.07	<p><i>faculty</i> for greater than 30 days. The notice <i>must</i> include the program's plan to accommodate the temporary absence.</p> <p>An interim program director (IPD) <i>should</i> meet the qualification of the program director and this appointment <i>should</i> 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 <i>must</i> be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so).</p>
E1.08	<p>The program <i>must</i> inform and/or receive approvals from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the following:</p> <ul style="list-style-type: none"> a) degrees or certificate granted at program completion, b) requirements for program completion, c) program length, and d) any increase above the approved maximum entering class size. <p>ANNOTATION: The maximum entering class size is approved by the ARC-PA upon review of the program by the subcommission or after approval of a change request for a class size increase. Any increase above the ARC-PA approved maximum entering class size for any reason requires program notification and approval from the ARC-PA.</p> <ul style="list-style-type: none"> e) a substantive decrease in program support; program is expected to anticipate how reductions in support may occur; giving <p>Evidence of written notification to the ARC-PA within six months of implementation using ARC-PA forms to report proposed changes</p>

	E Standards: Accreditation Maintenance Program & Sponsoring Institution Responsibilities	Evidence Suggestions / Performance Indicators
	<p>careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational experience for trainees.</p> <p>ANNOTATION: A decrease in support for the program may refer to a decrease in allocated fiscal, human, academic or physical resources. Reviewing program budget numbers is only one way of determining a decrease in support. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Programs may also find that space allocated to the program has been reduced. Federal, state or private grants or other funds awarded to the sponsoring institution or to outside agencies that supported individuals or program activities may not be renewed. Significant numbers of supervised clinical practice sites may decide to no longer accept trainees.</p> <p>Programs are expected to consider the many ways in which their support may be reduced; giving careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational quality for the trainees.</p>	
E1.09	The program <i>must</i> be responsible for notifying the ARC-PA when notice is received from their sponsoring institution of impending change in sponsorship	Evidence of timely notification of ARC-PA by the sponsoring institution of intent to transfer program sponsorship
E1.10	The program <i>must</i> be responsible for notifying the ARC-PA when notice is received from their sponsoring institution of intent to close the <i>clinical postgraduate PA program</i> and the process it will use to assure teaching out of current <i>PA trainees</i> .	<p>Evidence of timely notification of ARC-PA by the sponsoring institution of intent to close the program</p> <p>Description of process, notification to <i>PA trainees</i>, correspondence or agreements with other <i>clinical postgraduate PA programs</i></p>

E Standards: Accreditation Maintenance Program & Sponsoring Institution Responsibilities		Evidence Suggestions / Performance Indicators
E1.11	The <i>clinical postgraduate PA program</i> and the sponsoring institution <i>must</i> be responsible for accreditation fees payable to ARC-PA as described in the fee schedule.	Evidence of timely payment of invoices sent to program by the ARC-PA

Ongoing Program Self-Assessment

Background

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires the submission of a written report documenting the activities of self-assessment. Well-established (Continued Accreditation) *Clinical Postgraduate PA 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) 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 that documents self-assessment known as the Self-Study Report (SSR). Recently established (Provisional Accreditation) *Clinical Postgraduate PA Programs must* demonstrate that have a well-designed process of ongoing self-assessment to monitor and document program effectiveness, with plans as to how they will collect and critically analyze outcome data to support current activities or make needed modifications for improvement.

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. Programs should decide which individuals will be most appropriate to their process.

Programs often find that participants from the following categories can be 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
- *PA trainees*

- graduates
- preceptors and employing physicians
- external consultants
- representatives of local, state, or national health care organizations
- consumers of health care

Ongoing Program Self- Assessment 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 Clinical Postgraduate PA Programs* as the point of reference. It is comprehensive, regular, and analytical. It occurs throughout the all of the phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, *PA trainees*, 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 Report of Self-Assessment (Self-Study Report -SSR)

Instructions for completing the Self-Study Report are included as part of the application for accreditation.

Terminology Used To Convey Accreditation Related Activity Of The SubCommission (policy 9.8)

The definitions for words and terms often included in correspondence from the ARC-PA to programs are described below.

Accept

A term used in official ARC-PA correspondence, most often following the subcommission's review of a required report submitted by a program, communicating that the report was received favorably. This term does not imply that the program is compliant with the Standards. An additional report may be required.

Acknowledge

A term used in official ARC-PA correspondence, most often following the subcommission's review of correspondence from a program notifying the subcommission of a program change not requiring subcommission approval. The term is used to inform the program that the subcommission has received the report. Neither approval nor disapproval is implied.

Approve(d)

A term used in official ARC-PA correspondence, most often following the subcommission's review of correspondence from a program requesting a change requiring subcommission approval. The term is used to notify the program that the ARC-PA has given formal or official sanction to the change requested. By its nature, approval means that the program's action is in compliance with the Standards.

Citation

A formal statement referenced to a specific standard noting the area in which the program failed to provide evidence demonstrating that it meets the standard, or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

Comprehensive Program Review Cycle- The maximum length of time between comprehensive subcommission review of a PA program is ten (10) years.

Findings

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

General/Additional Comment(s)

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

Observation

A written statement by the site visit team notifying the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the program was unable, in writing or in person, to provide evidence that

sufficiently supported its demonstration of compliance with the standard to which the observation refers.

Received and More Information Requested

A term used in official ARC-PA correspondence, most often following the commission's review of a required report or a request submitted by a program, communicating that the report was received but more information is needed before the commission can provide a decision regarding the report or request.

Receive as information

A term used in official ARC-PA correspondence, most often following the subcommission's review of notification from a program of a change that is provided as a courtesy. The change notification is not officially required and unrelated to the Standards.

Warning Letter (*policy 9.9*)

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

Responding to Observations

The purpose of the program's response should be to eliminate errors of fact or clarify ambiguities and misperceptions. Observation responses should succinctly clarify issues raised by the site visit team and should explain what the program did at the time of the site visit to demonstrate compliance with the standard noted. The program should include, with the response narrative, the evidence used at the time of the site visit to verify compliance with the standard.

In this correspondence, the program should not inform the ARC-PA about what has been done since the site visit or about plans for the future to correct or resolve any compliance issues. Clarification provided should reflect the status of the program as of the date of the site visit.

Responses to observations should be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead it should excerpt the objectives covering the content with references noting where the content is addressed and submit that as a single document.

Likewise if the program needs to address program or institution policies related to specific topics, it should not submit catalogues or manuals indicating the pages on which the items are found. Instead it should excerpt the content with a reference notation to where the policy is addressed and submit that as a single document.

The report submitted to the ARC-PA should be submitted as directed in correspondence received from the ARC-PA after the site visit. The program is given three (3) weeks (21 calendar days) from receipt of the observations letter to respond. If directed to submit materials via the

Program Management Portal, the program should zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

Responding to Citations

When responding to the ARC-PA in reference to 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 since the subcommissioners reviewing the response may not have ready access to the program's initial application materials or previous response to observations. It may be necessary to repeat some wording that was included in the original application materials or to append these to the response.

Responses to citations should be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead it should excerpt the objectives covering the content with references noting where the content is addressed and submit that as a single document.

Likewise if the program needs to address program or institution policies related to specific topics, it should not submit catalogues or manuals indicating the pages on which the items are found. Instead it should excerpt the content with a reference notation to where the policy is addressed and submit that as a single document.

The report submitted to the ARC-PA should be submitted as directed in correspondence received from the ARC-PA. If directed to submit materials via the Program Management Portal, the program should zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

Programs will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and future eligibility for accreditation may be denied in the event that any of the statements or answers made in the submitted response to citations are false or in the event that the program violates any of the policies governing accredited programs.

Format for Response to Observations / Citations

The ARC-PA sends programs a Microsoft Word template to complete and return. This template lists each observation or citation with space for the program to respond. A succinct, specific narrative response to each observation or citation should be included in the template space below the observation or citation on this document.

If an observation requires no response or a program chooses not to respond, the program should enter "no response" in the response field.

The program is expected to respond to each citation and should NOT leave the space blank or enter “no response,” unless directed otherwise in the Citations document.

If supplemental documents are needed to complete a response, as described above in Responding to Observations/Citations, the program should so indicate in the narrative and append those to the report starting with appendix 1, appendix 2, appendix 3, etc. It is helpful to add wording about the content of the appendix in its title, i.e., appendix 1 Learning Outcomes. Depending on the number of citations it may also be helpful to use the citation reference, i.e., appendix 1 citation 5.

Examples of appropriate responses to **observations** or **citations** follow.

Observations

Standard XXX: Provided by ARC-PA

Site Team

Observation: This is the wording of the site team observation contained in the letter from the ARC-PA to the program after the visit.

Response: The response should explain what the program **did at the time of the site visit** 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.

Attachments: List any attachments included related to this observation in the body of the response space. For example, if particular objectives were included to demonstrate that the program covered a *curriculum* topic, the course names should be listed here, with a reference to the objectives appended as a single document as noted above.

Citations

Standard XXX: Provided by ARC-PA

ARC-PA

Citation: This is the wording of the subcommission contained in the accreditation letter from the ARC-PA to the program after a subcommission action.

Response: The response must address any questions or specific issues raised by the subcommission in relation to the individual standard, including how the program will demonstrate compliance in the future. It may be necessary to repeat some wording from previous documents submitted to the ARC-PA or to append these to the response. It is important to have this response be a stand-alone response as the reviewers may not have ready access to the program's previous materials that were submitted over several years.

Attachments: List any attachments related to this citation in the body of the response space. For example, if objectives are sent to demonstrate changes made by the program to cover a *curriculum* topic, they would be appended as a single document as noted above.

How to Submit Responses to Observations / Citations

The program should follow the directions included in the correspondence received from the ARC-PA and should contact the ARC-PA office staff if questions arise.

Cover Letter/ Email Submitted From Program in Response to Citations

Dear Members of the SubCommission,

The *Name of 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 Subcommission in its letter dated *Month, Date, Year*.

Please let me know if you need any additional information.

Sincerely,

Signed by the program director and the more senior institutional official to whom the program director reports

Attachments: a list of attached documents.

Contact Information:

Mailing Address

ARC-PA
3325 Paddocks Parkway
Suite 345
Suwanee, GA 30024

Phone

770-476-1224
(the ARC-PA office is located in the Eastern time zone)

Fax

470-253-8271

Web site Staff

<http://www.arc-pa.org/contact/staff/>

Accreditation Services

AccreditationServices@arc-pa.org

DEFINITIONS

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

TERM	DEFINITION
ABMS	American Board of Medical Specialties
ACGME	Accreditation Council for Graduate Medical Education
Accurately	Free from error
Administrative support (staff)	Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff does not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data analysis.
Advanced placement	A waiver of required coursework/clinical experiences included in the curriculum for applicants to the program and/or a waiver of required coursework included in the curriculum for currently enrolled PA trainees in the program which results in the PA trainee advancing in the curriculum without completing required curriculum components at the sponsoring institution.
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.
Annotation(s)	Annotations are paragraphs that clarify the operational meaning of the standards to which they refer. Considered an integral component of the standards to which they refer, they may be changed over time to reflect current educational or clinical practices.
AOA	American Osteopathic Association
Clinical postgraduate PA program	Clinical postgraduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduate PAs who are NCCPA-eligible or who holds current NCCPA certification and current state licensure (unless exempted by federal or state law)/ Programs typically involve full time study of 12-24 months duration.
Clinical experiences	Supervised clinical practice experiences involving direct patient care provided by a PA trainee.

	At the discretion of the program or sponsoring institution, this term may be recognized as rotations or clerkships.
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 specific to the specificity of the program.
Course director	Individual primarily responsible for the organization, delivery and evaluation of a course or comparable unit of study.
Curriculum	A planned educational experience. This definition encompasses a breadth of educational experiences, from one or more sessions on a specific subject, to a clinical experience, to the entire educational program.
Deceleration	The loss of a PA trainee from the entering cohort, who remains matriculated in the program.
Didactic course	Organized instructional content on a specific topic or general content area provided in a defined and pre-established format over an extended period of time, such as a series of lectures or workshops.
Equivalent	Resulting in the same outcome or end result.
Formative evaluation	Intermediate or continuous evaluation that may include feedback to help in achieving goals.
Goals	The end toward which effort is directed.
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the healthcare 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.) The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks a part of the health record.
Instructional faculty	Individuals providing instruction or clinical supervision during the program, regardless of length of time of instruction or professional background of the instructor. This includes but is not limited to physicians, physician assistants, nurse practitioners and other members of the health care team.
Instructional objectives	Statements that describe observable actions or behaviors the PA trainee will be able to demonstrate after completing a unit of instruction.

Learning outcomes	The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component or supervised clinical experience.
Maximum class size	Maximum potential number of PA trainees enrolled for each admission cycle.
Moonlighting	Professional and patient care activities that are external to the educational program.
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
PA trainee(s)	Graduate PA who is NCCPA-eligible or who holds current NCCPA certification and current state licensure (unless exempted by federal or state law) and is enrolled in a clinical postgraduate PA program. At their discretion the program or sponsoring institution may recognize this trainee under the title of resident or fellow.
Preceptor	A licensed and appropriately credentialed physician (MD or DO) or other licensed medical professional serving to supervise the patient care activities of the PA trainee, which can include didactic and clinical instruction.
Program faculty	Health care professionals assigned to work with the clinical postgraduate PA program as a major component of their work assignment. This includes the program director and medical director at a minimum.
Prospective PA trainees	Any individuals who have requested information about the program or submitted information to the program.
Published	Presented in <i>written</i> or electronic (Web) format.
Readily available	Made accessible to others in a <i>timely</i> fashion via defined program or institution procedures.
Recognized regional or specialized and professional accrediting agencies	<p>Accreditation Association for Ambulatory Health Care (AAAHC)</p> <p>American Osteopathic Association (AOA)</p> <p>Commission on Accreditation of Rehabilitative Facilities (CARF)</p> <p>The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations)</p> <p>Liaison Committee on Medical Education (LCME)</p> <p>Middle States Association of Colleges and Schools</p> <p>New England Association of Schools and Colleges</p>

	<p>North Central Association of Colleges and Schools</p> <p>Northwest Association of Schools and Colleges</p> <p>Southern Association of Colleges and Schools</p> <p>Western Association of Schools and Colleges</p>
Remediation	The program's defined process for addressing deficiencies in a PA trainee's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Should	The term used to designate requirements that are so important that their absence must be justified. (The onus of this justification rests with the program; it is the program's responsibility to provide a detailed justification why it is not able to comply with any standards including the term should.)
Sufficient	Enough to meet the needs of a situation or proposed end.
Syllabus	A written document that includes the content name, description, goals; outline of topics to be covered; Expected learning outcomes; methods of PA trainee assessment/evaluation; and plan for determining successful completion of expected competencies.
Teaching Out	Allowing PA trainees already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited post graduate program, if one exists, in which they may continue their education.
Technical standards	Non-academic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
Written	On paper or available in electronic format.
United States	<p>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.</p> <p>A program may satisfy the requirement of <i>supervised clinical practice experiences</i> through medical facilities located in the <i>United States</i> and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government.</p>

