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

Accreditation Standards for

Physician Assistant Education©

Fifth Edition

Effective January 1, 2020

ARC-PA
12000 Findley Road
Suite 275
Johns Creek, Georgia 30097
www.arc-pa.org

SECTION A: ADMINISTRATION

INTRODUCTION

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

A1 SPONSORSHIP

A1.01 When more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of student*s must* be clearly described and documented in a manner signifying agreement by the involved institutions.

A1.02 There *must* be a sufficient number of written and signed agreements between the PA program and/or sponsoring institution and the *clinical affiliates* used for *supervised clinical practice experiences* that define the responsibilities of each party related to the educational program for student*s* and specify whose policies govern and document student access to educational resources and clinical experiences. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

Institution Responsibilities

A1.03 The sponsoring institution is responsible for:

a) supporting the planning by *program faculty* of curriculum design, course selection and program assessment,
b) hiring faculty and staff,
c) complying with ARC-PA accreditation *Standards* and policies,
d) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,
e) ensuring that all PA personnel and student policies are consistent with federal and state statutes, rules and regulations,
f) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs and
g) *teaching out* currently matriculated students in accordance with the institution's regional accreditor or federal law in the event of program closure and/or loss of accreditation.

A1.04 The sponsoring institution *must* provide *sufficient* release time and financial resources in support of the *program director* and *principal faculty* (as applicable to the job description) for:

a) maintenance of certification and licensure and

b) continuing professional development specific to PA education.

A1.05 The sponsoring institution *must* provide academic and *student* health *services* to PA students that are *equivalent* to those services provided to other *comparable* students of the institution.

A1.06 The sponsoring institution *should* provide PA students and faculty at geographically *distant campus* locations access to comparable services and resources available to PA students and faculty on the main campus, which help students reach their academic and career goals.

Institution Resources

A1.07 The sponsoring institution *must* provide the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.

A1.08 The sponsoring institution *must* provide the program with the human resources, including *sufficient* faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students, while respecting the need for *personal wellness* of the faculty and staff.

A1.09 The sponsoring institution *must* provide the program with the physical facilities to operate the educational program and to fulfill obligations to matriculating and enrolled students.

A1.10 The sponsoring institution *must* provide the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.

A1.11 The sponsoring institution *must* support the program in securing clinical sites and *preceptors* in *sufficient* numbers to allow all students to meet the program's learning outcomes for *SCPE*s.

A2 PROGRAM PERSONNEL

A2.01 All *program faculty must* possess the educational and experiential qualifications to perform their assigned duties.

Program Faculty

A2.02 The program *must* have:

a) *program faculty* that include the program director, *principal faculty,* medical director, and *instructional faculty* and
b) at least three FTE *principal faculty* positions, of which two FTE *principal faculty* positions *must* be filled by PA faculty who are currently *NCCPA-certified*.

A2.03 *Principal faculty must* be *sufficient* in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.

A2.04 *Principal faculty* and the program director *should* have academic appointments and privileges *comparable* to other faculty with similar academic responsibilities in the institution.

A2.05 *Principal faculty* and the program director *must* be responsible for, and actively participate (as applicable to the job description), in the processes of:

a) developing, reviewing and revising as necessary the mission statement, *goals* and *competencies* of the program,
b) selecting applicants for admission to the PA program,
c) providing student instruction,
d) evaluating student performance,
e) academic counseling of students,
f) assuring the availability of remedial instruction,
g) designing, implementing, coordinating, evaluating curriculum and
h) evaluating the program.

Program Director

A2.06 The program director *should* be a PA. If the PD is not a PA, it *must* be a physician.

a) The PD *must* possess at least three years of full-time higher education experience at the time of appointment,
b) The program director *must* be assigned to the program on a 12-month full time basis. At least 80% of that time *should* be devoted to academic and administrative responsibilities in support of the program,
c) If the program director is a PA, they *must* hold current or emeritus *NCCPA* certification status,
d) If the program director is a physician, they *must* be certified by an ABMS- or AOA-approved specialty board and *should* hold current licensure as an allopathic or osteopathic physician.

A2.07 The program director *must* not be the medical director.

A2.08 The program director *must* provide effective leadership and management.

A2.09 The program director *must* be knowledgeable about and responsible for program:

a) organization,
b) administration,
c) fiscal management,
d) continuous programmatic review and *analysis*,
e) planning,
f) development,
g) completion of ARC-PA required documents and
h) adherence to the *Standards* and ARC-PA policies

A2.10 The program director *must* supervise the medical director, principal and *instructional faculty* and staff in all activities that directly relate to the PA program.

Medical Director

A2.11 The medical director *must* be:

a) a currently licensed allopathic or osteopathic physician[1] and
b) certified by an *ABMS*- or *AOA*-approved specialty board.[2]

A2.12 The *medical director must* be an active participant in the program and support the development of the program *competencies* so they meet current practice standards as they relate to the PA role.

Instructional Faculty

A2.13 *Instructional faculty must* be:
a) qualified through academic preparation and/or experience to teach assigned subjects and
b) knowledgeable in course content and effective in teaching assigned subjects.

A2.14 In addition to the *principal faculty*, there *must* be *sufficient* didactic *instructional faculty* to provide students with the necessary attention and instruction to acquire the knowledge and competence required for entry into the profession.

A2.15 The program *should* not rely primarily on resident physicians for didactic instruction.

A2.16 The program *must*:
a) Verify all *instructional faculty* serving as *supervised clinical practice experience preceptors* hold a valid license that allows them to practice at the clinical site, and
b) Maintain documentation of current licensure for all active *instructional faculty* serving as *supervised clinical practice experience preceptors.*

A2.17 In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program *must* inform the student which *principal* or *instructional faculty* member is designated by the program to assess and supervise the student's progress in achieving *learning outcomes* and how to contact this faculty member.

Administrative Support Staff

A2.18 *Administrative support* for the program *must* be:
a) at least a 1.0 FTE position dedicated exclusively to the program, and
b) *sufficient* in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program.

[1] Medical directors appointed before 3/1/06 *should* have their current licensure in the state in which the program exists.
[2] Medical directors appointed before 3/1/06 *should* be board certified, those appointed on or after 3/1/06 *must* be board certified.

A3 OPERATIONS

Policies

A3.01 Program policies *must* apply to all students and program faculty regardless of location unless a signed clinical affiliation agreement or memorandum of understanding specifies that certain program policies will be superseded by those at the clinical site.

A3.02 The program *must* publish and make readily available to students its policies and practices.

A3.03 Prospective and enrolled students *must* not be required to provide or solicit clinical sites or *preceptors.* The program *must* evaluate and approve clinical sites and *preceptors* for program required and *elective rotations*.

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

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

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

A3.07 The program *must* publish, make readily available and implement:

a) a policy on immunization and health screening of students and such policy *must* be based on current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates, and
b) written travel health policies based on current CDC recommendations for international travel for programs offering international curricular components.

A3.08 The program *must* publish and inform students of written policies addressing exposure to infectious and environmental hazards that address methods of prevention, procedures for care and treatment after exposure, and that clearly define financial responsibility.

A3.09 The program *must* publish and inform students that *principal faculty*, the program director and the medical director *must* not participate as health care providers for students in the program, except in an emergency situation.

A3.10 The program *must* publish and make *readily available* written procedures that provide for *timely* access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

A3.11 The program *must* publish and make *readily available* to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment.

DRAFT

A3.12 The Program *must* demonstrate an active commitment to attracting and retaining a *diverse* student and faculty population.

Fair Practices and Admissions

A3.13 The sponsoring institution and program's advertising *must* clearly and accurately reflect all dimensions of the program offered.

A3.14 The program *must* define, publish and make *readily available* to enrolled and *prospective students* general program information to include:

a) the program's ARC-PA accreditation status as provided to the program by the ARC-PA,
b) evidence of its effectiveness in achieving its goals,
c) first time PANCE rates for the five most recent graduating classes including the most current NCCPA PANCE Pass Rate Summary Report provided by the NCCPA through its program portal,
d) all required curricular components including required rotation disciplines,
e) academic credit offered by the program,
f) estimates of all costs (tuition, fees, etc.) related to the program,
g) policies and procedures for refunds of tuition and fees,
h) policies about student employment while enrolled in the program,
i) program required competencies, and
j) whether certain services and resources are only available to students and faculty on the main campus when the program is offered at a geographically distant campus location.

A3.15 The program *must* define, publish and make *readily available* to *prospective students,* admission related information to include:

a) admission and enrollment practices that favor specified individuals or groups (if applicable),
b) admission requirements regarding prior education or work experience,
c) policies and procedures concerning awarding or granting *advanced placement*,
d) any required academic standards for enrollment and
e) any required *technical standards* for enrollment.

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

A3.17 The program *must* define, publish and make *readily available* to students upon admission academic performance and progression information to include:

a) any required academic standards,
b) completion deadlines related to curricular components,
c) requirements for progression in and completion of the program,
d) policies and procedures for processing student grievances and appeals,
e) policies and procedures for withdrawal and dismissal,
f) policies and procedures for *remediation* and *deceleration* and
g) policies and procedures for processing allegations of harassment.

DRAFT

A3.18 Programs granting *advanced placement must* document within each student's file that those students receiving *advanced placement* have:

a) met program defined criteria for such placement,
b) met institution defined criteria for such placement and
c) demonstrated appropriate *competencies* for the curricular components in which *advanced placement* is given.

Student Records

A3.19 Student academic records kept by the sponsoring institution or program, in a paper or electronic format that enables access or distribution, *must* be readily accessible to authorized program personnel and *must* include documentation:

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

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

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

Faculty Records

A3.22 *Principal faculty* records *must* include:

a) current job descriptions that include duties and responsibilities specific to each *principal faculty* member and
b) current curriculum vitae.

A3.23 Program records *must* include a current curriculum vitae for each *course director*.

SECTION B: CURRICULUM AND INSTRUCTION

INTRODUCTION

The program curriculum prepares students to provide patient centered care and collegially work in physician-PA teams in an interprofessional team environment. The curriculum establishes a strong foundation in 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 curriculum for PA education includes applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues. Issues relating to individual professional responsibility and working in the health care delivery system are included in the clinical preparatory section of this *Standards* section and apply to supervised clinical practice settings in the clinical curriculum.

Programs need not have discrete courses for each of the instructional areas discussed within this section. However, *learning outcomes* related to all instructional areas are important 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.

B1 CURRICULUM

B1.01 The program *must* define its *competencies* for entry level practice, consistent with the competencies as defined by the PA profession. The curriculum *must*:

a) be consistent with program *competencies*,
b) be consistent with the mission and goals of the program,
c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and
d) be of *sufficient* breadth and depth to prepare the student for the clinical practice of medicine.

B1.02 The curriculum design *must* reflect sequencing that coordinates and integrates content both horizontally and vertically. Content and course sequencing *must* build upon previously achieved student learning.

B1.03 The curriculum *must* include instruction about intellectual honesty and appropriate academic and professional conduct.

B1.04 The curriculum *must* include instruction to prepare students to provide medical care to patients from culturally diverse populations with consideration for:

a) disability status or special health care needs,
b) ethnicity,
c) gender,
d) race,
e) religion/spirituality
f) sexual identity and orientation, and
g) social determinants of health.

B1.05 The curriculum *must* include instruction related to the development of problem solving and medical decision-making skills.

B1.06 The curriculum *must* prepare students to work collaboratively in interprofessional patient centered teams. Instruction *must*

a) include content on the roles and responsibilities of various health care professionals,
b) emphasize the team approach to patient centered care beyond the traditional physician-PA team approach, and
c) include application of these principles in interprofessional teams.

B1.07 For each didactic and clinical course, the program *must* define and publish *instructional objectives,* in measurable terms that can be assessed, and that guide student acquisition of required *competencies.*

B1.08 The program *must* orient *instructional faculty* to the specific *learning outcomes* it requires of students.

B1.09 The program *must* ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:

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

B2 CLINICAL PREPARATORY INSTRUCTION

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

B2.02 The program curriculum *must* include instruction in the following areas of applied medical sciences and their application in clinical practice:

a) anatomy,
b) physiology,
c) pathophysiology,
d) pharmacology and pharmacotherapeutics,
e) the genetic and molecular mechanisms of health and disease,
f) microbiology.

B2.03 The program curriculum *must* include instruction in clinical medicine covering all organ systems including cardiovascular, digestive, endocrine, integumentary, blood/lymphatic, muscular, nervous, reproductive, respiratory, skeletal, and urinary.

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

B2.05 The program curriculum *must* include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:

a) interviewing and eliciting a medical history;
b) performing complete and focused physical examinations;

c) generating differential diagnoses;
d) ordering and interpreting diagnostic studies,
e) patient management including acute and longitudinal management,
f) patient education and referral.

B2.06 The program curriculum *must* include instruction in:
a) the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and geriatric,
b) preventive, emergent, acute, chronic, and rehabilitative patient encounters,
c) palliative and end-of-life care.

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

B2.08 The program curriculum *must* include instruction in the social and behavioral sciences, including:
a) death, dying and loss,
b) human sexuality,
c) normal and abnormal development across the life span,
d) psychiatric/behavioral conditions
e) response to illness, injury and stress,
f) substance abuse, and
g) violence identification and prevention.

B2.09 The program curriculum *must* include instruction in basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients, including:
a) adhering to prescribed treatment plans,
b) coping with illness, injury and stress, and
c) modifying their behaviors to more healthful patterns.

B2.10 The program curriculum *must* include instruction to prepare students to search, interpret and evaluate the medical literature, including:
a) framing of research questions,
b) interpretation of basic biostatistical methods, ,
c) limits of medical research,
d) sampling methods, , and
e) the use of common medical databases to access medical literature.

B2.11 The program curriculum *must* include instruction in the economics of health care system including:
a) coding and billing,
b) documentation of care,
c) health care delivery systems,
d) health policy, and
e) reimbursement.

DRAFT

B2.12 The program curriculum *must* include instruction in concepts of public health as they relate to the role of the practicing PA, including:
- a) disease prevention, surveillance, reporting and intervention,
- b) the public health system, and
- c) the role of health care providers in population health.

B2.13 The program curriculum *must* include instruction in risk reduction including:
- a) patient safety,
- b) prevention of medical errors,
- c) quality improvement, and
- d) risk management.

B2.14 The program curriculum *must* include instruction about PA profession including:
- a) credentialing,
- b) historical development,
- c) laws and regulations regarding professional practice,
- d) licensure and certification,
- e) physician-PA team relationship,
- f) political issues that affect practice, and
- g) professional organizations.

B2.15 The program curriculum *must* include instruction in the principles and practice of medical ethics.

B3 SUPERVISED CLINICAL PRACTICE

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

B3.02 The program *must* define and publish expected *learning outcomes* for each *required* and *elective rotation.*

B3.03. The program *must* have student evaluation mechanisms that align with the expected *learning outcomes* defined for each *required* and *elective rotation.*

B3.04 *Supervised clinical practice experiences must* include patients seeking care:
- a) for preventive, emergent, acute and chronic patient encounters,
- b) across the lifespan, to include infants, children, adolescents, adults, and the elderly
- c) for women's health (to include prenatal and gynecologic care),
- d) for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care and
- e) for behavioral and mental health conditions.

B3.05 *Supervised clinical practice experiences must* occur in the following settings:

- a) emergency department,
- b) inpatient,

DRAFT

c) outpatient and
d) operating room.

B3.06 *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs.

B3.07 *Supervised clinical practice experiences should* occur with:

a) physicians who are specialty board certified in their area of instruction,
b) NCCPA certified PAs teamed with physicians who are specialty board certified in their area of instruction or
c) other licensed health care providers qualified in their area of instruction.

B3.08 SCPEs *should* occur with preceptors practicing in the following disciplines:
a) family medicine,
b) internal medicine,
c) general surgery,
d) pediatrics,
e) ob/gyn and
f) behavioral and mental health care.

NEW B4 Assessment of Student Learning

B4.01 The program *must* conduct frequent, objective and documented evaluations of student performance for both didactic and supervised clinical education components. The assessments *must* align with what is expected and taught.

B4.02 The program *must* monitor and document the progress of each student in a manner that promptly identifies deficiencies in program defined interpersonal skills and professional behaviors and address any deficiency according to the published program defined policies and procedures.

B4.03 The program *must* have a published and consistently applied definition of satisfactory student performance for each *curricular component*.

B4.04 The program *must* monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge and patient care skills and address the deficiencies according to the published program defined policies and procedures.

B4.05 The program *must* conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student meets the program *competencies* required to enter clinical practice, including:
a) clinical and technical skills,
b) clinical reasoning and problem-solving skills,
c) knowledge,
d) interpersonal skills, and
e) professionalism.

B4.06: The program *must* document equivalency of student evaluation methods and outcomes when instruction is:

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

SECTION C: EVALUATION

INTRODUCTION

Programs *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 Physician Assistant Education (Standards) as the point of reference. A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites. The process is used to identify strengths and weaknesses and *should* lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.

C1 ONGOING PROGRAM SELF-ASSESSMENT

C1.01 The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement. The data collected *must* be used to drive continuous improvement of the educational program. Documentation of program effectiveness and quality improvements *must* encompass, at a minimum, compliance with these standards. In particular, the quality improvement process *must* address the following areas:

a. *Sufficiency* of physical, financial, and educational resources to support the program,
b. *Sufficiency* and effectiveness of the curriculum,
c. *Sufficiency* and effectiveness of the faculty and staff,
d. *Sufficiency* and effectiveness of the clinical experiences, and
e. Outcomes of the educational program.

C2 Ongoing Self-Assessment Data Collection -

Ongoing assessment of educational experiences allows programs to identify problems and weaknesses promptly, before they impact student outcomes. The data sources specified in the C2 section are considered minimums. Programs are encouraged to use additional data sources.

Programs *must* continually evaluate program outcomes. The data specified *must* be collected and reported to the ARC-PA as required and *must* include:

C2.01 Programs *must* collect data from students evaluating the following:

a) each didactic course,
b) each clinical *rotation*,
c) principal faculty,
d) faculty member primarily responsible for delivering the didactic course content, and
e) *preceptors*.

C2.02 Programs *must* collect data from students regarding resources, including:

a) *sufficiency* of physical space,

b) *sufficiency* of educational and student support resources,
c) *sufficiency* of *principal and instructional* faculty,
d) availability of faculty for guidance or academic counseling, and
e) responsiveness of the program to student concerns.

C2.03 Programs *must* collect data from *principal* and *instructional faculty* regarding the effectiveness of the didactic and clinical curriculum.

C2.04 Programs *must* collect data from *principal* and *instructional faculty* and staff (as appropriate for each component below) regarding the *sufficiency* of resources including:
a) physical space,
b) educational resources,
c) *principal* and *instructional faculty*,
d) administrative support staff,
e) time for student academic counseling,
f) institutional support for on-going professional development, and
g) maintenance of personal wellness.

C2.05 Programs *must* collect data from *principal faculty* and staff regarding the effectiveness of the program director's leadership and management.

C2.06 Programs *must* collect data from clinical *preceptors* regarding pre-clinical preparedness of students for rotations.

C2.07 Programs *must* collect data regarding:
a) student exposure to patients during SCPEs,
b) PANCE performance,
c) student attrition,
d) faculty and staff attrition,
e) course outcomes, and
f) effectiveness of program policies.

Preamble to C3: Continuous Program Quality Improvement
The data collected as specified in the C2 *Standards must* be used to drive continuous improvement of the educational program, identify program strengths and areas of modification. The effectiveness of program modifications *must* be documented by re-evaluation, after the implementation of the modification.
C3.01 The program *must* prepare a self-study report at intervals determined by the ARC-PA that accurately and succinctly documents the process, *analysis*/application and results of ongoing program self-assessment, at a minimum using the data collected as specified in the C2 Standards.

C3.02 The program *must* demonstrate and document in the self-study report, that program strengths and modifications were based on the data collected and analyzed.

C3.03 The program *must* demonstrate and document that program modifications were subsequently evaluated for the effects of the interventions.

C4 CLINICAL SITE EVALUATION

C4.01 The program *must* define, maintain and document effective processes for the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences* to ensure that sites and *preceptors* meet program expectations for *learning outcomes* and performance evaluation measures.

C4.02 The program *must* document that each clinical site provides the student access to fulfill program *learning outcomes* of the clinical experience through:

a) physical facilities,
b) patient populations and
c) supervision.

SECTION D: PROVISIONAL ACCREDITATION

INTRODUCTION

Accreditation - Provisional is an accreditation status first awarded when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards.*

Only those institutions that meet the eligibility criteria and are actively engaged in establishing a program for the education of physician assistants are eligible for provisional accreditation. The ARC-PA will not consider institutions that are not in good standing with their regional accrediting bodies.

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a program. The process involves a thorough review of the planning, organization, evaluation and proposed/actual content of a program that is in the advanced planning stages. The program is eligible to continue its accreditation status of accreditation-provisional with subsequent evaluations and commission reviews as defined in ARC-PA polices and processes. After successfully completing the multi-year provisional accreditation process, the program is eligible for the status of accreditation-continued.

The program will be subject to denial of accreditation and to denial of future eligibility for accreditation in the event that any of the statements or answers made in documents or the application are false or in the event that the program violates any of the rules or regulations governing applicant programs.

This section of the *Standards* applies only to programs applying for entry into the ARC-PA accreditation process as a new provisional applicant program.

D1 PROVISIONAL ACCREDITATION REQUIREMENTS

Programs applying for provisional accreditation are to demonstrate compliance or the ability to comply when operational with all accreditation *Standards*, including the specific provisional accreditation standards below. Programs planning to apply for provisional accreditation *must* contact the ARC-PA early in their planning phase, and before beginning to complete accreditation application materials, to discuss the process and timelines. Typically, the institution official assigned to be responsible for the development of the program is a Dean, Department Chairperson or individual designated by the institution president

or provost. The ARC-PA does not consider a *consultant* as the individual responsible for the development of the program. The curriculum *must* be approved by the institutional process prior to the site visit.

D1.01 There *must* be a qualified program director hired by the institution on a permanent basis based on the qualifications outlined in the *Standards*, a qualified medical director and a chief administrative officer or their designee assigned to be responsible for the development of the program. A permanent program director *must* be in place 12 months prior to the date of the ARC-PA meeting at which the program application will be reviewed. If the person holding the position of program director changes in the twelve months prior to the date of the ARC-PA meeting at which the program application is to be reviewed, the program may be removed from the commission agenda.

D1.02 The developing program *must* inform, in writing, everyone who requests information, applies, or plans to enroll:

a) of its ARC-PA applicant status as provided to the program by the ARC-PA
b) that the program is not yet accredited and
c) the implications of non-accreditation by the ARC-PA.

D1.03 The program *must* have a complete curriculum design, course sequence and established evaluation methods approved by the institutional process for all didactic and clinical components of the program prior to the ARC-PA provisional *comprehensive evaluation* site visit.

D 1.04 The program *must* provide detailed information for each course offered in the program. At the time of the comprehensive evaluation site visit, for <u>each course and rotation offered in the program</u>, the program *must* have a course syllabus that includes:

a) course name,
b) course description,
c) course goal/rationale,
d) outline of topics to be covered,
e) *instructional objectives*/*learning outcomes*,
f) faculty instructor of record if known, and
g) methods of student assessment/evaluation.

D1.06 method to come into compliance with the Standards…Rescinded due to redundancy.

D1.05 The program *must* have signed agreements from prospective clinical sites and individuals participating in the *supervised clinical practice experiences sufficient* in number to meet the needs of the approved maximum class size.

D1.06 If provisional accreditation status is granted, the program *must* not admit more students than the number requested by the program and approved by the ARC-PA.

SECTION E: ACCREDITATION MAINTENANCE

E1 PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES

E1.01 The program *must* inform the ARC-PA within 30 days of the date of notification of any:

a) Change in the accrediting agency for the sponsoring institution, or
b) Adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional accrediting agency.

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

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

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

E1.05 The program *must* demonstrate active recruitment to fill vacated or interim faculty positions. The program *must* provide quarterly updates on progress to the ARC-PA.

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

E1.07 The appointment of an IPD *must* not exceed 12 months. The program *must* provide quarterly updates to the ARC-PA including a detailed plan and timeline to fill the position.

E1.08 The program *must* inform the ARC-PA in writing using forms and processes developed by the ARC-PA, of a temporary vacancy of personnel greater than 60 days in its positions of program director (or interim), medical director (or interim), or other *principal faculty.*
The notice *must* include the program's plans to accommodate the temporary absence.

E1.09 The program *must* receive approval required 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:

a) intended program expansion to a *distant campus*,
b) requirements for graduation including changes in credits required or addition of courses that would increase the students' tuition and
c) increase above the approved *maximum entering class size*.

E1.10 The program *must* inform 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:

a) degrees or certificate granted at program completion, and
b) program length, greater than one month.

E1.11 The program *must* immediately inform the ARC-PA in writing, using forms and processes developed by the ARC-PA when the program:

a) enrollment exceeds its maximum approved class size,
b) encounters a substantive decrease in human, academic or physical resources, and
c) encounters a substantive decrease in fiscal support of:
    i. 20% decrease in overall budget,
    ii. 10% decrease in operating budget, or
    iii. 10% decrease in funds for faculty development.

E1.12 The sponsoring institution *must* inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.

E1.13 The program and the sponsoring institution *must* pay ARC-PA accreditation and associated fees as determined by the ARC-PA.

DRAFT