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

Accreditation Manual for Entry Level Physician Assistant Program ©

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Accreditation Standards for Physician Assistant Education ©

Fifth edition

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

Accreditation Review Commission on Education for the Physician Assistant
3325 Paddocks Parkway, Suite 345
Suwanee, GA 30024
www.arc-pa.org

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Introduction

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public, including current and prospective physician assistant (PA) students, and the 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 accredits only qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education. (The United States are defined as "the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island." A program may satisfy the requirement of *supervised clinical practice experiences* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.)

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

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

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

Accreditation Defined

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

The accreditation process:

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

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

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

ARC-PA Role and Goals

The role of the ARC-PA is to effectuate a fair, consistent, and transparent process by:
• establishing educational standards utilizing broad-based input
• defining and administering the process for a comprehensive review of applicant programs
• defining and administering the process for accreditation decision-making
• determining PA educational programs' compliance with the established standards
• working collaboratively with its collaborating organizations
• defining and administering a process for appeal of accreditation decisions

PA program accreditation is voluntary, private, and non-governmental. It encourages efforts toward maximal educational effectiveness by building on mutual trust among all parties involved. It is devoid of conflict of interest and assures due process.

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

ARC-PA Goals:

- to foster excellence in PA education through the development of uniform national standards for educational effectiveness
- to foster excellence in PA programs by requiring continuous self-study and review
- to assure the general public, as well as professional, educational, and licensing agencies and organizations that accredited programs have met defined educational standards
- to provide information to individuals, groups, and organizations regarding PA program accreditation

The ARC-PA Commission

The bylaws of the Accreditation Review Commission on Education for the Physician Assistant require the ARC-PA commissioners to elect new commissioners from a list nominated by its collaborating organizations and the public commissioners nominated by the ARC-PA nominating committee.

Commissioners initially serve a 3-year term and may be eligible for reappointment for a second 3-year term. Commissioners receive no compensation for their services related to the ARC-PA meetings or site visits.

The commissioner's role is to support and advance physician assistant education by active participation in the work of the ARC-PA. Each commissioner is responsible for reviewing assigned program materials prior to each commission meeting. This may include applications and evaluation reports, or reports requested from programs as a result of previous commission accreditation actions/review. Commissioners are to complete the required review, provide documented evidence of independent review of all materials, and evidence to support final recommendations and decisions. During the commission meeting, the commissioners are responsible for presenting their independent review to the entire commission and participating in the review, discussion, and designation of accreditation actions for all programs on the meeting agenda.

Additional information on the ARC-PA Commission can be found at http://www.arc-pa.org/about/arc-pa-commissioners/

Process and Requirements for Accreditation

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

A critical component of the accreditation process is that of continuous program self-assessment. Continuous self-assessment is a comprehensive, regular, and analytical process conducted within the context of the mission and goals of both the sponsoring institution and the program, whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies.

Using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference, the program critically assesses all aspects of itself. It identifies strengths and problems, develops plans for corrective intervention, and evaluates the effects of the interventions. Ongoing self-assessment provides the means by which programs can envision, attain, and maintain quality PA education.

The accreditation process requires a program to complete a Self-Study Report (SSR) based on its self-assessment process as well as a detailed accreditation application in advance of an evaluation (site visit) by ARC-PA prepared site visitors.

The purpose of the site visit is to allow the site visit team to verify, validate, and clarify the information supplied by the program in its application materials. The team reviews the program based on the *Standards* and conveys its findings to the ARC-PA in light of the evidence presented *at the time of the site visit*. The team's observations about the program, in reference to the program's compliance with the *Standards*, are sent to the program shortly after the completion of the site visit.

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

Programs are reviewed by the full commission in March, June and September each year. Accreditation decisions are based on the ARC-PA's review of information contained in the accreditation application, the report of the site visit by the evaluation team, any additional requested reports or documents submitted to the ARC-PA by the program, and the program's past accreditation history. Additional data to clarify information submitted with the application may be requested at the time of the site visit. New or unsolicited information submitted after a site visit is not accepted or considered by the ARC-PA as part of that accreditation review.

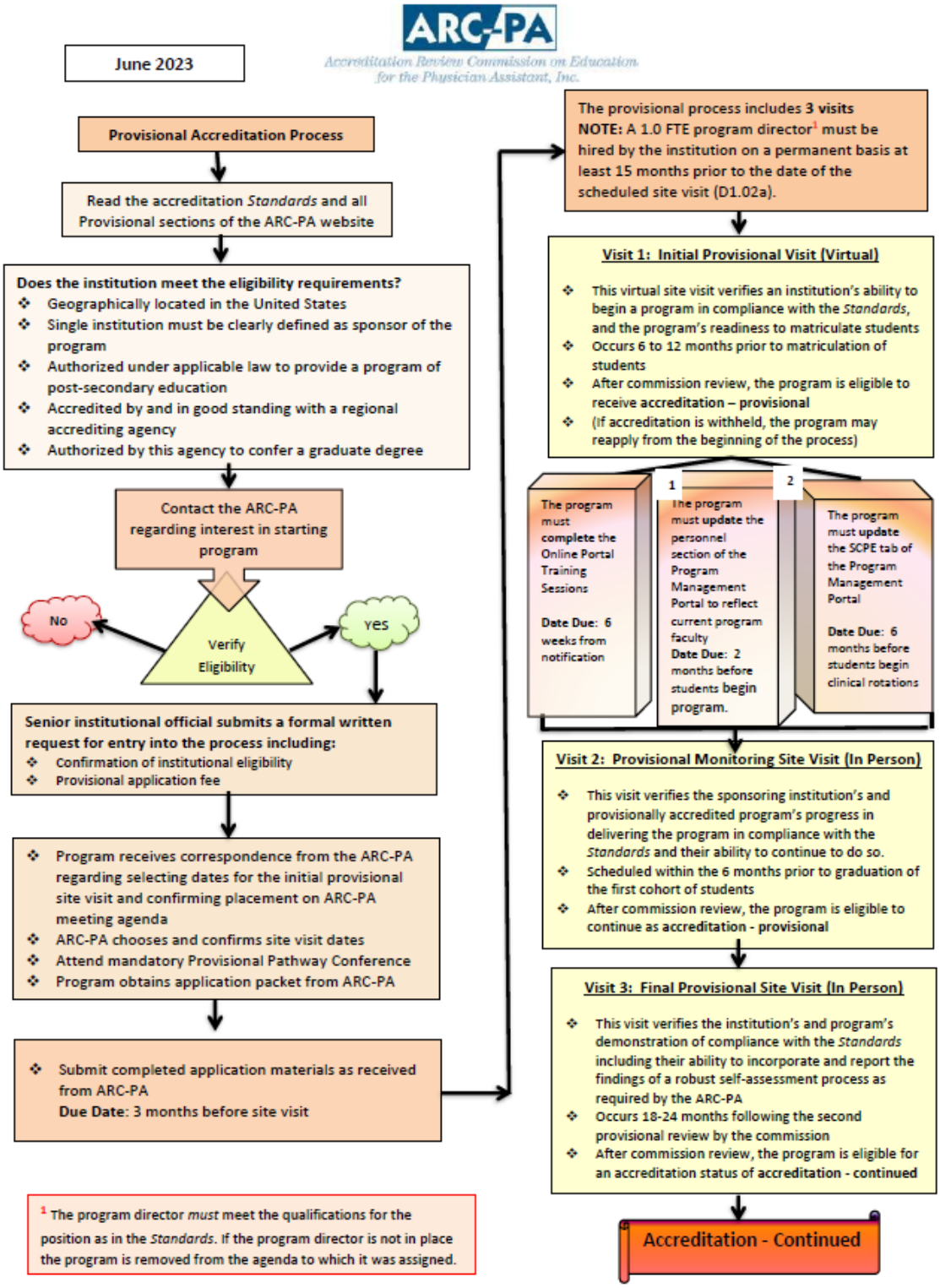
ARC-PA Program Management Portal

The ARC-PA uses a Program Management Portal as a way of maintaining information on each program. Programs are required to keep their Portal data up to date. Annually, each program is required to submit the Program Required Annual Report to the ARC-PA by submitting its updated, accurate program Portal data electronically. The Portal is used to notify programs of reports due to the ARC-PA and allows programs to submit such reports. The Program Management Portal is checked frequently by ARC-PA staff and commissioners, especially prior to commission review of a program. Therefore, programs must maintain their information within the Program Management Portal.

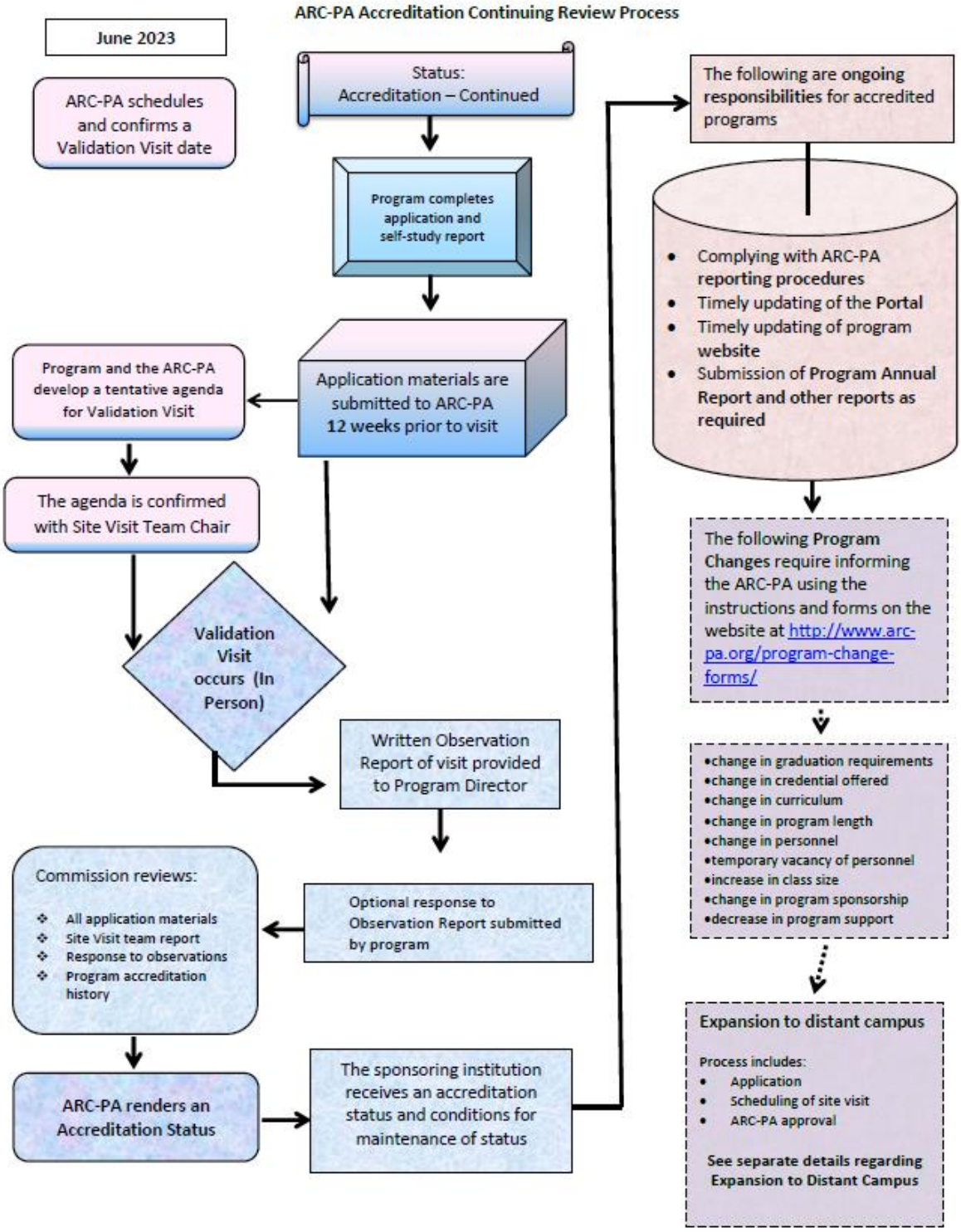
Programs that achieve accreditation-provisional must use the Portal to update the ARC-PA about hired program personnel two months prior to students beginning the program. Programs must also provide an updated listing of supervised clinical practice sites six months prior to students entering the supervised clinical education phase of the program.

Information on how to navigate the Program Management Portal including training videos and instructions can be found at http://www.arc-pa.org/portal/

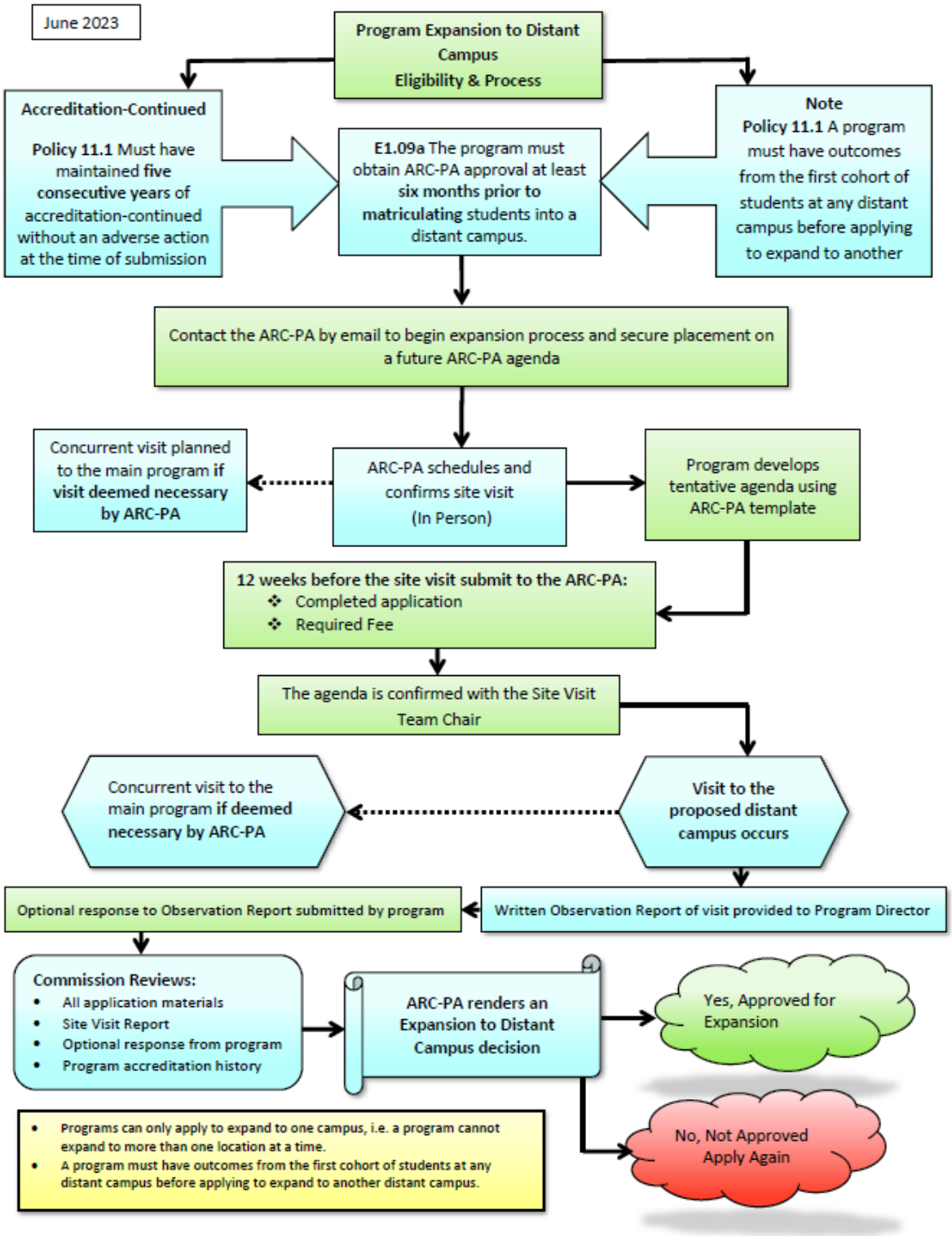
Provisional Accreditation Process



Continued Accreditation Process



Expansion to Distant Campus Process



Accreditation Policies

The ARC-PA Policies and Bylaws can be found linked to the ARC-PA web site at:
http://www.arc-pa.org/about/policies-bylaws/

Program Review Cycle

The maximum length of time between validation visits with commission review for PA programs is 10 years.

A PA program, once accredited, remains accredited until the program formally terminates its accreditation status, or the ARC-PA terminates the program's accreditation through a formal action. When the ARC-PA withdraws accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases.

A site visit or any required reporting by the program does not affect the accreditation status of a program unless it is accompanied by a formal ARC-PA accreditation action.

Document Retention

The ARC-PA does not provide a repository service for program materials submitted during the course of a program accreditation cycle. The sponsoring institution and program are responsible for maintaining copies of applications, required reports and other critical correspondence they submit to the commission. The ARC-PA will not provide program copies of previously submitted materials.

Introduction to the *Standards,* 5th Edition

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants/associates ("PAs") and to provide recognition for educational programs that meet the requirements outlined in these *Standards*. These *Standards* are used for the development, evaluation, and self-analysis of PA programs.
PAs are academically and clinically prepared to practice medicine on collaborative medical teams. The collaborative medical team is fundamental to the PA profession and enhances the delivery of high-quality health care. Within the collaborative medical team, PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to respond to emergencies in a calm and reasoned manner. Essential attributes of the graduate PA include an attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare.

The *Standards* recognize the continuing evolution of the PA profession and practice and endorse experiential competency-based education as a fundamental tenet of PA education. While

acknowledging the interests of the sponsoring institution as the ARC-PA works with the program to meet the *Standards*, the *Standards* reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of *sufficient* depth and breadth to prepare all PA graduates for practice. The *Standards* allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation that are used to enable students to achieve program *goals* and student *competencies.* Mastery of *program defined competencies* is key to preparing students for entry into clinical practice.

The PA profession has evolved over time to one requiring a high level of academic rigor. Institutions that sponsor PA programs are expected to incorporate this high level of academic rigor into their programs and award an appropriate master's degree.

The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals. The needs of patients and society *must* be considered by the ARC-PA, the sponsoring institutions, and the programs. Education *must* be provided in a manner that promotes *interprofessional* education and practice.

An environment that fosters and promotes *diversity, equity and inclusion* is considered essential to preparing PAs to provide service to others that is not exclusionary of any group, race, or culture. The various perspectives and resources offered by a diverse faculty, staff, and student body increase the overall impact the PA profession can have on patients and the global community.

The *Standards* are the requirements to which an accredited program is held accountable and provide the basis on which the ARC-PA will confer or deny program accreditation. The ARC-PA expects all accredited programs to be in compliance with the *Standards* at all times.

Eligibility

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

A single institution *must* be clearly identified as the sponsor of the program and *must* be authorized under applicable law to provide a program of post-secondary education. It *must* be accredited by a *recognized regional accrediting agency* and *must* be authorized by this agency to confer upon graduates of the PA program a graduate degree.

Sponsoring institutions applying for provisional accreditation of a new PA program *must* be accredited by, and in good standing with, a *recognized regional accrediting agency* and *must* be authorized by that agency to confer upon graduates of the PA program a graduate degree.

Sponsoring institutions which apply for provisional accreditation but whose PA program does not meet these eligibility requirements will not be considered by the ARC-PA.

Program Review

Accreditation of PA programs is a process initiated by the sponsoring institution. The process includes a comprehensive review of the program relative to the *Standards*. It is the responsibility of the PA program and the sponsoring institution to demonstrate compliance with the *Standards*. Accreditation decisions are based on the ARC-PA's evaluation of information contained in the accreditation application, the report submitted by the site visit team, any additional requested reports or documents submitted to the ARC-PA by the program, and the program's accreditation history.

Whether to grant or deny accreditation (or to take other action with respect to a sponsoring institution) is within the sole discretion of the ARC-PA. As a condition of seeking accreditation, a sponsoring institution and its PA program waive any and all right to sue ARC-PA, its officers, employees, and agents in the event of an adverse decision. If such an institution or program does sue and loses, it will be responsible for all the defendants' reasonable costs and attorneys' fees.

Standards Format

- The term "student(s)" as used in this document refers to those individuals enrolled in the PA program.
- *Italics* are used to reflect words and terms defined in the glossary of this document.

The '*Should*' Standards

Should is the term used to designate requirements that must be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

At the time of the review by the commission, 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 catalogs and brochures, policy and procedure manuals, student orientation materials and handbooks, websites, 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 significantly in administrative and curricular design and format. The ARC-PA also recognizes that programs vary by history and that program faculty and staff include those new to PA education and accreditation, as well as those with many years of experience. Therefore, suggestions are provided for almost every standard. Some of the suggestions that may seem obvious to the experienced program director may not be obvious to the new program director.

This manual section 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 number of credits or hours assigned, 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 *instructional objectives* and guiding student acquisition of *learning outcomes* and program required *competencies* for entry level practice.

Syllabi, Program Competencies, Learning Outcomes & Instructional Objectives

The ARC-PA publishes a separate document, "Syllabi, Program Competencies, Learning Outcomes & Instructional Objectives, Standards 5th edition," to guide programs in developing syllabi, instructional objectives, and learning outcomes.

Other Resources

Additional resources can be found at: http://www.arc-pa.org/accreditation-manual/
Newsletters and Notes to Programs can be found at http://www.arc-pa.org/newsletters-and-notes/

ARC-PA newsletters are distributed to program faculty identified on the PA program's Portal. Programs are responsible for maintaining up to date information on their Portal to ensure all program faculty receive ARC-PA correspondence.

Information about the ARC-PA Program Accreditation Management Portal can be found at http://www.arc-pa.org/portal/

Examples of Evidence of Compliance and Performance Indicators

SECTION A: ADMINISTRATION

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence pertaining to this section can be found in **institution and program documents**, such as catalogs and brochures, policy and procedure manuals, student orientation materials and handbooks, websites, program files, and records addressing the content areas identified in the *Standards*. Site visitors and ARC-PA commissioners review materials assessing the accuracy of current policies and procedures and consistency across materials addressing the same content areas.

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

Programs are expected to have the required documents available electronically. Documents must be well organized, readily available, 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.

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 *must* provide an environment that fosters intellectual challenge and a spirit of inquiry. The sponsoring institution *must* be committed to the success of the program and *must* provide effective oversight of operations and personnel. Well-defined policies *must* reflect regional accreditation requirements and the mission, *goals, and competencies* of the program and sponsoring institution. Program documents *must accurately* reflect lines of institutional and programmatic responsibility as well as individual responsibilities. Adequate resources *must* be devoted to supporting the program in accomplishing its mission.

	Standard	**Compliance / performance examples**
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 students *must* be clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s) *must* define	**Copy of current and signed written agreement(s) documenting relationship and responsibilities between sponsoring institution and other institution(s) clearly describing respective responsibilities; may be an affiliation agreement, memorandum of understanding or business agreement.** **Applies to all institutions used for didactic education or *supervised clinical practice experiences.***

	the responsibilities of each party related to the educational program for students, *must* specify whose policies govern, and *must* document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.	**Agreements *must* specifically include PA students and be specific to each campus location for programs with distant campuses or institutions with multiple PA programs in different locations .**
A1.02	The sponsoring institution is responsible for: a) supporting the planning by *program faculty* of curriculum design, course selection, and program assessment,	**This standard is about <u>the institution's responsibilities</u> for all of the sub-standards listed.** **At the time of the site visit, verification of the program's description in the application by discussion with institutional officials and:** **a) Minutes of curriculum, planning and program assessment meetings involving institution personnel. *Published* processes for institutional curriculum evaluation and approval.** **Availability of institutional assessment and instructional resources.** **Institutional support and resources for appropriate course and program evaluation as evidenced by the program's compliance with C1 standards.**
	b) hiring faculty and staff,	**b) Copies of academic appointment letters from the sponsoring institution as identified in faculty files, policies regarding hiring and firing, documentation regarding how hiring searches are conducted, including the timeline for these processes.**

	c) ensuring effective program leadership,	**c) Discussions with institutional administration, faculty, *preceptors*, program director, and students.** **Documents indicating institutional process and results of assessment of program director's leadership and management of the program.**
	d) complying with ARC-PA accreditation *Standards* and policies,	**d) Evidence of institutional support of the program (documented procedures, meetings, resources). Outcome of accreditation review. Institutional administration knowledge of accreditation requirements and submitted accreditation materials.**
	e) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,	**e) Credential awarded by sponsoring institution. Process in place to document satisfactory completion of the program.**
	f) ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,	**f) Policies reviewed by institutional administrators or legal counsel with this standard in mind; institutional procedures for review of program policies.**
	g) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,	**g) Measures to ensure student/faculty safety, such as program and institution policies, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and at sites used for supervised clinical practice are documented. Agreements between the PA program and/or sponsoring institution and the clinical sites used for *supervised clinical practice experiences* document security and personal safety measures.**
	h) *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,	**h) Institutional policies that meet regional accreditation requirements and/or federal law.**

	i) defining, publishing, making *readily available* and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,	**i) Institution policies in manual or handbook/web page. On-site interviews with faculty.**
	j) defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for processing student allegations of harassment, and	**j) Institution policies in manual or handbook/web page. On-site interviews with students.**
	k) defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for refunds of tuition and fees.	**k) Institution policies and procedures *must* be presented so students can determine when and how tuition and fees are refunded.**
A1.03	The sponsoring institution *must* provide *sufficient* release time and financial resources in support of the *program director* and *principal faculty*, as applicable to the job description, for: a) maintenance of certification and licensure and b) professional development directly relevant to PA education.	**A budget line in support of professional development and maintenance of certification and licensure fees.** **Documents in program director and *principal faculty* files indicating completion of professional development including CME for maintenance of certification and skill enhancement in educational techniques. Faculty CVs list continuing professional development activities of the program director and *principal faculty*.** **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 non-vacation time to attend professional organizational meetings and/or time needed for review and study to maintain *NCCPA* certification.** **Financial resources include support for the program director and PA *principal faculty* members to maintain their *NCCPA* certification status, for payment of fees related to certification maintenance and for licensure fees. Support for professional development may include funding to attend continuing education conferences and/or professional organizational meetings.**

A1.04	The sponsoring institution *must* provide academic support and *student services* to PA students that are *equivalent* to those services provided to other *comparable* students of the institution.	**Program policies and procedures regarding access to academic support and *student services equivalent* to those of similar students enrolled at the sponsoring institution.** **Policies that address *student services* when students are assigned to clinical *rotations*.** **Web pages listing *student services*.** **Discussions with faculty, students and administration.**
A1.05	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.	**This applies to programs with one or more distant campuses.** **Materials/documents/webpage from each campus site demonstrating equivalency.** **Interviews with students to determine access to academic and *student services* are *comparable* to those at the main campus.** **The types of services and resources that help students reach their academic and career goals typically include academic advising, tutoring, career services, financial aid, computing and library resources and access. Faculty services and resources include those that are available to *faculty* at the main campus, such as computing and technology resources, library resources and access, and employee assistance. The program is expected to inform students and faculty if certain services are only available to them on the main campus.** **(The term *should* designates requirements so important that their absence must be justified by the program by providing a compelling reason, acceptable to the ARC-PA.)**
A1.06	The sponsoring institution *must* provide the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.	**Budget indicating that resources are assured for current classes, even in the event of program closure.** **Up to date and appropriate quantity of equipment and supplies purchased from program budget.** **Program self-assessment of *sufficiency* of financial resources.**

A1.07	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.	**All faculty and staff positions are filled.** **Personnel to handle admissions process are in place.** **No reduction in faculty or staff positions from prior years (without appropriate justification).** **Faculty duties do not include those typically completed by administrative or technical support staff.** **Program self-assessment data analysis results and conclusions support *sufficiency* of human resources to operate the program.** **Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities such as maintaining records and processing admission applications. They include *sufficient administrative* and technical *support staff* to support faculty in accomplishing their assigned tasks.** **Non-PA student-workers may be used, but do not substitute for *administrative* and technical *support staff*.**
A1.08	The sponsoring institution *must* provide the program with the physical facilities to operate the educational program in accordance with the *Standards* and to fulfill its obligations to matriculating and enrolled students.	**Program's description as provided in the application and verification at the time of the visit.** **Space is appropriate for the number of students, faculty and staff.** **Program self-assessment data analysis results and conclusions support *sufficiency* of physical resources.** **Physical facilities relate to office, classroom, and other educational space. This includes space to provide confidential academic counseling of students by the program director and *principal faculty*, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities *sufficient* in number and size and appropriate in design to meet their intended use, and appropriate classroom and laboratory space conducive to student learning.**

A1.09	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.	**Verification at the time of the visit of the program's description provided in the application.** **Discussions with faculty, students and administration.** **Program self-assessment data analysis results and conclusions support *sufficiency* of institutional support for technical and academic resources.** **Academic resources include computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information, and current literature; the full text of current books, journals, periodicals, and other reference materials related to the curriculum and support evidence-based practice.**
A1.10	The sponsoring institution *must* support the program in*:* a) securing clinical sites and *preceptors sufficient* in number to allow all students to meet the program's *learning outcomes* for *supervised clinical practice experiences* and b) ensuring all *required rotations* are located within the *United States.*	**Program's description as provided in the application, Portal and verification at the time of the visit.** **Discussions on-site with institutional officials and support personnel, review of program committee minutes, and budget, as appropriate, that provide evidence the institution provides support to recruit and maintain *preceptors* and clinical sites in the *United States*, including assessing sites and *preceptors* for appropriateness in terms of meeting program *learning outcomes* and *Standards*.** **Clearly stated and implemented strategies that entail specific institutional involvement and support for obtaining (or recruiting) US sites and *preceptors*, maintaining existing sites and *preceptors* and collaborating with the PA program to forecast potential clinical site shortages due to internal and external stressors.**
A1.11	The sponsoring institution *must* demonstrate its commitment to student, faculty and staff *diversity, equity,* and *inclusion* by: a) supporting the program in defining its goal(s) for *diversity, equity,* and *inclusion*,	**On-site interviews with faculty, staff, students and administration.** **Meeting minutes.** **a) List of defined and measurable goals for diversity, equity, & inclusion and metrics by which they plan to use to measure their success in meeting those goals.** **Evidence of institutional support for defining program goals.**

	b) supporting the program in implementing recruitment strategies, c) supporting the program in implementing retention strategies, and d) making available, resources which promote *diversity, equity,* and *inclusion*.	**b) Recruitment strategies that are defined and implemented addressing students, faculty, and staff. Strategies could include outreach resources (ads, flyers), university admissions presentations, human resources department engagement, institutional recruiting offices initiatives, etc.** **c) Retention strategies might include faculty/staff professional development and/or opportunity for advancement; student support services such as academic advising, tutoring, counseling, technology resources to support learning, student engagement, initiatives to create a sense of belonging, early intervention for students at risk, clubs or other social groups representing diverse populations, etc.** ***Strategies should evidence institutional support (e.g., funding, personnel, guidance, professional development) for implementation.** **d) Institutional resources available to students, faculty, and staff.** **Resources may include inclusive pedagogy, professional development in DEI strategies and cultural competence, office of diversity with programming related to DEI, etc.**
A2.01	All *program faculty must* possess the educational and experiential qualifications to perform their assigned duties.	**Program determined educational and experiential qualifications are consistent with those of *program faculty*.** **Current CVs included in the application and available during the visit documenting educational and professional experience.** **CVs submitted in application should be consistent with the position qualifications identified in the respective job descriptions.** **On-site interviews with faculty and administration.**
A2.02	A2.02 The program *must* have: a) *program faculty* that include the program director, *principal faculty, medical director*, and *instructional faculty,* and	**Interviews with faculty during the visit to verify the description and CVs provided in the program's application.** **Faculty CVs indicate at least two FTE *principal faculty* are currently *NCCPA*-certified.** **Faculty files include evidence of NCCPA certification for PA *principal faculty*.**

	b) at least three FTE *principal faculty*, of which two FTE *principal faculty must* be PAs 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.	**Faculty position descriptions, FTE status of faculty, program or institutional faculty workload formulas.** **Discussions with faculty, students and administration.** **Program self-assessment data analysis results and conclusions support principal faculty *sufficiency.*** **The number of *principal faculty* may vary depending on the curricular design, academic and administrative complexity of the program, the experience of faculty and the percentage of program coursework faculty teach. The number may need to exceed the minimum to accommodate student needs in larger programs and to address various responsibilities assigned to faculty outside of the classroom including academic advising and *remediation*, site visits, admissions screening and decision-making, scholarly work or grant writing.**
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.	**Institutional faculty manual and/or polices related to employment classification/rank, and any other appropriate institution documents.** **(The term *should* designates requirements so important that their absence must be justified by the program with a compelling reason(s), acceptable to the ARC-PA.)**
A2.05	*Principal faculty* and the program director *must* be responsible for, and actively participate 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,	**Program meeting minutes (such as admissions, curriculum, student progress, program assessment).** **Position/job descriptions and the Personnel Responsibilities Template for each faculty, Personnel Responsibilities should be consistent with individual job descriptions.** **Documentation of student selection process, including the role of faculty.** **Documentation of each faculty member's course and instruction responsibilities, course listings with primary instructors identified, daily academic schedule listing instructors.** **Description of faculty role in evaluating student performance.**

	e) academic counseling of students, f) assuring the availability of remedial instruction, g) designing, implementing, coordinating, and evaluating the curriculum, and h) evaluating the program.	**Documentation of faculty-student counseling sessions regarding student performance.** **Documentation in student records regarding remedial instruction.** **Not every *principal faculty* member is expected to participate in each of the program related activities.** **Other individuals involved in the program may also participate in these activities.**
A2.06	The program director *must* be a PA. a) The program director *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 and at least 80% of that time *must* be devoted to academic and administrative responsibilities in support of the program. c) The program director *must* hold current or emeritus *NCCPA* certification status.	**Current CV documenting educational background, certification and licensure information.** **Acceptable higher education experience includes:** **Principal Faculty in PA program** **Faculty appointment outside of a PA program** **Administrative appointments in higher education** **Not Acceptable as higher education experience:** **Instructor, Adjunct, Guest lecturer or Graduate Assistant positions in higher education** **Administrative Staff positions in higher education** **Preceptor** **Clinical administrative positions** **Research experience** **Experience as PA program consultant** **Program directors may hold other leadership roles within the institution or spend non-program time in clinical practice or research but must spend 80% of time on academic and administrative responsibilities to the program.** **Program Director file includes evidence of NCCPA certification status.** **Program directors appointed before 9/1/2020 should be a PA, those appointed on or after 9/1/2020 must be a PA.** **Program directors appointed before 9/1/2020 should have at least 3 years higher education experience at the time of appointment, those appointed on or after 9/1/2020 must have at least 3 years higher education experience at the time of appointment.**

A2.07	The program director *must* not be the *medical director*.	**Current CVs and position/job descriptions.** **Diagram or description of the organizational structure of the PA program.**
A2.08	The program director *must* provide effective leadership by exhibiting: a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving.	**Discussions with administrators, faculty and *preceptors*, program director, and students.** **Documents indicating institutional process and results of assessment of program director's leadership and management of the program.** **Demonstration of effective leadership and management involves how the program understands or evaluates that the program director provides careful attention to all aspects of the program to assure a solid operational foundation. Effective leaders and managers give careful attention to issues related to personnel, program and institutional processes, and application of resources. They employ strong communication skills in all situations. They analyze and proactively problem solve. They monitor, oversee, mentor, supervise and delegate as appropriate to the individuals, setting, or issue.**
A2.09	The program director *must* be knowledgeable about and responsible for: a) program organization, b) program administration, c) fiscal management of the program, d) continuous programmatic review and *analysis*, e) program planning, f) program development, g) completion of ARC-PA required documents, and h) adherence to the *Standards* and ARC-PA policies.	**Position/job description.** **Diagram of institutional reporting and organizational structure as verified by discussions with faculty and institutional administrators during the visit.** **Written evaluations of program director, discussions with faculty, dean or other institutional administrators, and students.** **Minutes of faculty/planning/curriculum/ program review or other meetings.** **Completeness and accuracy of the application submitted, including appendices and SSR. Appropriate arrangements made for the site visit, including the schedule and all materials prepared for visitors.** **Adherence to the *Standards* and ARC-PA policies, and following directions and guidelines provided by the ARC-PA.**

A2.10	The program director *must* supervise the *medical director, principal* and *instructional faculty* and staff in activities that directly relate to the PA program.	**Job descriptions, organizational chart and discussions with administrators, faculty, staff, *medical director* and program director.**
A2.11	The *medical director must* be: a) a currently licensed allopathic or osteopathic physician and b) certified by an *ABMS*- or *AOA*-approved specialty board.	**Current CV to include licensure and certification information.** **The medical director may be paid or volunteer, full or part time with or without an academic appointment.** **Medical Director file includes evidence of current license and specialty board certification.** ***Medical directors* appointed before 3/1/06 should be board certified, those appointed on or after 3/1/06 must be board certified.**
A2.12	The *medical director must* be an *active* participant in the program and support the development of the program *competencies* to meet current practice standards as they relate to the PA role.	**Position/job description for *medical director.*** **Program documents, meeting minutes indicating *medical director* participation per job description.** **Discussions with the *medical director*, program director, administrators, faculty and students.** **The *medical director* supports the program director in ensuring that both didactic instruction and *supervised clinical practice experiences* meet current practice standards as they relate to the PA role in providing patient care. The *medical director* must be actively involved in developing the program competencies and may be involved in development of the mission statement; providing instruction; evaluating student performance; designing, implementing, coordinating and evaluating the curriculum and the program.**
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.	**Faculty CVs, written student evaluations of faculty related to knowledge and effectiveness in teaching, description of faculty vetting process, discussions with program director, faculty and students.** **Description of faculty vetting process may include evaluation of advanced degree, experience or previous background teaching in a field or discipline.**

		Evidence instructional faculty have been vetted for and meet the academic preparation and/or experience determined as required by the program. **Includes didactic and clinical *instructional faculty (preceptors)*.**
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, skills, and *competencies* required for entry into the profession.	**List of all *instructional faculty* involved in the didactic phase of the program, including content and hours taught; table showing each course identifying *principal* and *instructional faculty* assigned to courses.** **Documentation from *instructional faculty* re: students with performance difficulties, documented *remediation* plans from *instructional faculty*, course syllabi for courses taught by *instructional faculty.*** **Program self-assessment data analysis results and conclusions support *sufficiency* of didactic *instructional faculty.***
A2.15	The program *should* not rely primarily on resident physicians for didactic instruction.	**List of credentials for *instructional faculty* teaching in the didactic phase of the program.** **(The term *should* designates requirements so important that their absence must be justified by the program with a compelling reason, acceptable to the ARC-PA.)**
A2.16	All *instructional faculty* actively serving as *supervised clinical practice experience preceptors must* hold a valid license to practice at the clinical site.	**Written procedure describing how the program determines and maintains current licensure information for *preceptors.*** **Written documentation of current licensure for all *preceptors* (current license information with expiration date).** **It is the program's responsibility to verify that the *preceptors* hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the sites used for *supervised clinical practice experiences* is not verification that individuals hold valid licenses. The program need not investigate the license if it can produce a current document, other than an affiliation agreement/ memorandum, completed by others in the sponsoring institution or supervised clinical site attesting to current licensure.**

A2.17	In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program *must:* a) inform the student which *principal* or *instructional faculty* member is designated by the program to assess and supervise the student's progress in achieving the *learning outcomes* it requires of students and how to contact this faculty member, and b) orient all *instructional faculty* to specific *learning outcomes* it requires of students.	**Course syllabi identify the instructor of record.** **Written procedure/evidence of informing students of their assigned *supervised clinical practice experience preceptors*.** **Orientation materials prepared for *instructional faculty,* including *preceptors.* Correspondence from program to didactic and clinical *instructional faculty.*** **On-site interviews with *instructional faculty* and students.**
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.	**Program self-assessment of *administrative support* staff sufficiency.** **Identification of *administrative support* personnel, position/job descriptions, discussions on site.** **This position may be occupied by more than one person. *Administrative support* personnel report to the program director during the time assigned to the program. The number of individuals providing *administrative support* to the program may need to be more than the 1.0 FTE minimum due to the number of students, academic and administrative complexity of the program and responsibilities assigned to faculty and staff within the program.** **Non-PA students who may be assigned to the program as student-workers are not counted in the minimum 1.0 FTE.**

A significant amount of A3 Standards includes the verbiage "define, publish, make readily available and consistently apply". For each of these standards, the Commission expects the program to define and publish the respective policy and/or procedure. The policy and/or procedures must be readily available. This means that it should be easy to find. For standards that require information to be readily available to prospective students, this requires that the information is easily accessible to the general public and intuitive to find. It should not be buried in the program's website/documents where the general public (any prospective student) would not know to look. Finally, the policy/procedure must be consistently applied. At the time of the site visit and within the program's documents, there must not be any evidence that the program is not consistently following its own policies and procedures.		
A3.01	Program policies *must* apply to all students, *principal faculty* and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.	**Program policies and on-site interviews with students and faculty.**
A3.02	The program *must* define, publish, make *readily available* and consistently apply its policies and practices to all students.	**Verification at the time of the visit of the program's description as provided in the application, including on-site interviews with students.** **Program policies and procedures.** **Acknowledgments signed by students.** **Meeting minutes of policy review and/or application. Student files and onsite discussions should support that program is consistently applying its policies.**
A3.03	The program *must* define, publish, make *readily available* and consistently apply a policy for prospective and enrolled students that they *must* not be required to provide or solicit clinical sites or *preceptors.*	**Program policies and procedures, including a policy stating prospective and enrolled students are not required to provide or solicit clinical sites or preceptors is easily accessible for *prospective students*.** **Interviews with enrolled students.** **Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and *preceptors* for suitability as a *required* or *elective rotation* experience. Students may make suggestions to *principal faculty* for sites and *preceptors* but must not be required to do so. Student suggested sites and *preceptors* are to be reviewed, evaluated, and approved for educational suitability by the program.**

		Onsite files and discussions should support that the program is consistently applying its policies.
A3.04	The program *must* define, publish, make *readily available* and consistently apply a policy that PA students *must* not be required to work for the program.	**Program policies, interviews with students. Onsite files and discussions should support that the program is consistently applying its policies.**
A3.05	The program *must* define, publish, make *readily available* and consistently apply a policy that PA students *must* not substitute for or function as: a) *instructional faculty* and b) clinical or *administrative staff*.	**Program policies, *instructional faculty* orientation materials or correspondence, interviews with students and faculty.** **Students with specific prior knowledge, experiences, and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills. Students are not to be the primary instructor or instructor of record for any component of the curriculum.** **Onsite files and discussions should support that the program is consistently applying its policies.**
A3.06	The program *must* define, publish, make *readily available* and consistently apply a policy that PA students *must* be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.	**Program policies, student orientation materials.** **Name tags, jacket patches/emblems, etc. seen during on-site meetings with students.**
A3.07	The program *must* define, publish, make *readily available* and consistently apply: a) a policy on immunization and health screening of students. Such policy *must* be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.	**Policies and procedures for student health screening and immunization as described in program policies, promotional materials and/or web site all consistent with the most current CDC recommendations for health care professionals.** **Onsite files and discussions should support that the program is consistently applying its policies.**

	b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.	
A3.08	The program *must* define, publish, make *readily available* and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices *must*: a) address methods of prevention, b) address procedures for care and treatment after exposure, and c) clearly define financial responsibility.	**Evidence that the program informs and educates students about such policies and those at *clinical affiliates* which are used for *rotations* (for example: OSHA education documentation, latex allergy statement).** **Copies of such policies in program and institution documents meet criteria in each of the sub-standards.** **Onsite files and discussions should support that the program is consistently applying its policies.**
A3.09	The program *must* define, publish, make *readily available* and consistently apply policies that preclude *principal faculty*, the program director and the *medical director* from participating as health care providers for students in the program, except in an emergency situation.	**Program policies/manuals/resources.** **Position descriptions, faculty assignments, program and/or student health center policies, discussions with faculty.** **Onsite files and discussions should support that the program is consistently applying its policies.**
A3.10	The program *must* define, publish, make *readily available* and consistently apply 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.	**Program/institution policies/ manuals/resources.** **Onsite files and discussions should support that the program is consistently applying its policies.**

A3.11	The sponsoring institution and program's announcements and advertising *must accurately* reflect the program offered.	**Institutional and program advertisements are consistent with each other and *accurately* reflect the program (includes both printed and electronic documents).**
A3.12	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,	**Website clearly describes all components of the standard. All institutional and program documents and web sites are accurate and consistent with each other. Information is easily accessible for *prospective students*.** **a) The program *must* publish the official wording provided by the ARC-PA exactly as written. The most current accreditation statement provided replaces any other accreditation language the program uses or was provided by the ARC-PA in the past. The expectation is that this will be *published* and available on the home page of the program's web site or as a link directly from the home page in a category related to PA program accreditation.**
	b) evidence of its *effectiveness* in meeting its *goals*,	**b) The program *must* first define its *goals*. Then the program *must* publish success in achieving its *goals* in a way that is easily interpreted by prospective students (such as reporting outcomes compared to goals, standards or benchmarks). The expectation is that this information will be easily recognizable from the home page of the program website in a category related to program *goals*.**
	c) the most current annual *NCCPA PANCE* Exam Performance Summary Report Last 5 Years provided by the *NCCPA* through its program portal, no later than April first each year,	**c) The program *must* publish the official *NCCPA PANCE* Exam Performance Summary Report Last 5 Years as provided by the *NCCPA* through its program portal. The report will reflect the most recent graduating class that has taken the *PANCE*. The expectation is this document will be easily recognizable from the home page of the program web site, in a category related to graduate outcomes, not hidden within other categories. If the link connects to a separate web page on the site, the *PANCE* report must be readily evident.** **Directions for accessing this document can be found here.** **(Programs may include additional narrative concerning their *PANCE* performance but *must* post the results as required.) The ARC-PA expects programs to have the most current results posted at all times but no later than April first each year.**

	d) all required curricular components including *required rotation* disciplines,	**d) Listed curricular components include *required rotations* by specialty.**
	e) academic credit offered by the program,	**e) Institutional and program information is consistent and *accurately* reflects the program (includes both printed and electronic documents).**
	f) estimates of all costs (tuition, fees, etc.) related to the program,	**f) Program costs *must* be current, include all required expenses and be presented so *prospective students* can easily determine total cost of attendance.**
	g) program required *competencies* for entry level practice, consistent with the competencies as defined by the PA profession,	**g) The program *must* define and publish its required *competencies* for entry level practice in the PA profession.**
	h) 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, and	**h) Program/institution policies/ manuals/resources/website, on-site interviews with students.**
	i) the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year.	**i) To facilitate program transparency to potential applicants the information published must include the table provided by the ARC-PA. Instructions for completing and publishing the ARC-PA Attrition Table are available on the ARC-PA website. The published table includes attrition information for the program's graduated cohorts. This information must be published and readily available to prospective students with the program's most current data no later than April first each year. This is the minimum information that the program must publish. Programs may provide additional data and information at their discretion that accurately reflects the program offered.**

A3.13	The program *must* define, publish, consistently apply and make *readily available* to *prospective students,* policies and procedures to include: a) admission and enrollment practices that favor specified individuals or groups (if applicable),	**Institutional and program documents and web site are consistent with each other and clearly describe all components of the standard. Information is easily accessible for *prospective students*.** **a) If applicable, program's preference for certain admission criteria (e.g., military experience, higher GPA, patient contact hours, etc.) is clearly identified. Program does not have to publish the details of these practices (e.g., point values) but does need to clearly publish its preference for specified individuals or groups.**
	b) admission requirements regarding prior education or work experience,	**b) If applicable, bachelor's degree, pre-requisite courses, patient contact hours**
	c) practices for awarding or granting *advanced placement*,	**c) The program explicitly states when/if *advanced placement* is not an option.**
	d) any required academic standards for enrollment, and	**d) If applicable, the program explicitly states its minimum GPA requirements or standardized testing.**
	e) any required *technical standards* for enrollment.	
A3.14	The program *must* make student admission decisions in accordance with clearly defined and *published* practices of the institution and program.	**Written admission policies and procedures adhered to as evidenced by review of student files.** **Copies of forms used to screen applications for class positions reflect practices *published* on the program website.** **Onsite documentation of individual student admission files with the admissions requirements met.**
A3.15	The program *must* define, publish, consistently apply and make *readily available* to students upon admission:	**Institutional and program documents and web site are consistent with each other and clearly describe all components of the standard.**

	a) any required academic standards, b) requirements and deadlines for progression in and completion of the program, c) policies and procedures for *remediation* and *deceleration,* d) policies and procedures for withdrawal and dismissal, e) policy for student employment while enrolled in the program, f) policies and procedures for allegations of student mistreatment, and g) policies and procedures for *s*tudent grievances and appeals.	**b) Deadlines and requirements for completion of course work are *published*. Policies related to *deceleration*, leave of absence or other delay in completion of the curriculum include deadlines and requirements for completion of the curriculum.** **c) The program explicitly states if *deceleration* (the loss of a student from the entering cohort, who remains matriculated in the physician assistant program) is not an option in any circumstance.** **f) Mistreatment such as: discrimination, sexual harassment, unprofessional relationships, abuse of authority, and abusive and/or intimidating behavior.**
A3.16	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.	**Detailed program criteria and process for granting *advanced placement* (which may differ from course to course).** **Records of students granted *advanced placement*.** **Documentation of *competencies* assessed and student performance when *advanced placement* is granted.**

A3.17	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, *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.	**Student files have listed components organized in electronic format for site visitors.** **The site visit team is provided access to verify evidence of compliance.** **a) documentation clearly identifies student has met each of the program's published admission criteria (as identified in A3.13 and A3.14)** **d) remediation documentation must include both the remediation plan and the outcome of remediation.** **f) Documentation *must* reflect that each student has met the requirements outlined in Standard A3.15b. A final student transcript may not be *sufficient* if the program/institution has additional program completion requirements beyond what is provided in a transcript.**
A3.18	PA students and other unauthorized persons *must* not have access to the academic records or other confidential information of other students or faculty.	**Policies regarding student access to their records.** **On-site interviews and tour of facilities to verify records are not accessible to those without authority.**
A3.19	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.	**Policies and procedures regarding the content of student files are maintained in the program office, indicating that *health records must* be separate. Policies and procedures regarding access to student *health records*, permission/release forms. Review of student files. The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks~~,~~ a part of the *health record*.**

A3.20	Faculty records, including program director, *medical director* and *principal faculty must* include: a) current job descriptions that include duties and responsibilities specific to each faculty member, and b) current curriculum vitae.	**Faculty records contain current CV and position description specific to the duties of the faculty member.**
A3.21	Program records *must* include a current curriculum vitae for each *course director*.	**Faculty files include current CVs for *course directors*.**

SECTION B: CURRICULUM AND INSTRUCTION

Section B addresses the entire curriculum, including the didactic and supervised clinical practice components. Much of the evidence related to this section is found in program documents, such as course syllabi and other course materials, meeting minutes, evaluation instruments, student records, and student handbooks or manuals describing the content areas addressed in the *Standards*.

Site visitors and ARC-PA commissioners review materials verifying the accuracy and currency of content and consistency across materials addressing the same content areas. In reviewing **course-related materials**, they review course syllabi, which should include the course name, course description, course goals, outline of topics to be covered, *instructional objectives*, expected *learning outcomes*, faculty instructor of record, student assessment methods, -and evaluation and plan for grading. They review blank as well as completed course and student evaluation instruments.

Site visitors will review **evaluation instruments** used to assess student performance across the curriculum. In reviewing student evaluation materials, visitors compare information described in course syllabi and *instructional objectives* and *learning outcomes* with evaluation processes and outcomes. Documents related to identifying students who are having difficulty with the curriculum and how the program assists those students are important to this section. For supervised clinical practice-related *Standards* requiring the program to document attainment of *learning outcomes*, the program must provide **documentation of the assessment of students** in whatever manner it collects such data.

In addition, during their discussions with individuals (administrators, faculty, instructors, *preceptors*, students) as part of the visit, site visitors verify that the processes described, and information submitted by the program or reviewed on-site *accurately* reflect the program.

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

INTRODUCTION

The program curriculum *must* prepare students to provide patient-centered care and collegially work on collaborative medical teams in an *interprofessional* environment. The curriculum *must* establish a strong foundation in health information technology and evidence-based medicine and *must* emphasize 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 *must* include 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.
The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program.
The standards in section B3 apply to the clinical curriculum of the program.
The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

B1 CURRICULUM

Standard		Evidence Suggestions / Performance Indicators
B1.01	The curriculum *must*: a) be consistent with the mission and *goals* of the program,	**Curriculum mapped to mission and goals.**
	b) be consistent with program *competencies*,	**b) Curriculum supports student achievement of the defined program *competencies* (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice).** **Curriculum mapped to competencies.**
	c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and	**c) Curriculum demonstrates instruction and application of the biomedical and clinical science knowledge as it relates to patient care.**
	d) be of *sufficient* breadth and depth to prepare the student for the clinical practice of medicine.	**d) Include the program's *instructional objectives* and *learning outcomes* that define expected and appropriate clinical practice *competencies*.** **Program assessment of the curriculum may include: success in meeting its mission and *goals*, faculty and student evaluation of the curriculum, student outcomes on exams and summative assessment, PANCE performance of content and task areas, *preceptor* feedback on the curriculum, graduate feedback on preparation for employment, student success in certification and employment.**
B1.02	The curriculum design *must* reflect content and course sequencing that builds upon previously achieved student learning.	**Graphic display of the curriculum design and sequencing.** **Course sequencing in conjunction with course syllabi content demonstrate a curriculum that sequentially builds upon previous knowledge and *competencies*.** **Program self-assessment of instructor/ *preceptor* feedback on student preparation for course work. *Analysis* of course evaluation data.**

		Program self-assessment outcomes that demonstrate student success in certification and employment. Evaluation of graduate feedback on preparation for employment. **The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum. It does not mandate that content be delivered in separate courses with traditional discipline names. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing are expected to build upon previously achieved student learning.**
B1.03	For each didactic and clinical course (including *required* and *elective* rotations), the program *must* define and *publish* for students the following detailed information in syllabi or appendix to the syllabi: a) course name, b) course description, c) faculty instructor of record, d) course goal/rationale, e) *learning outcomes* and *instructional objectives*, in measurable terms that can be assessed, that guide student acquisition of required *competencies*, f) outline of topics to be covered that align with *learning outcomes* and *instructional objectives,* g) methods of student assessment/evaluation, and h) plan for grading.	**Programs must have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. If there are institutional policies that prevent a program from including certain items in a course syllabus, then the program needs to include that information as an appendix to the syllabus. This information may be included in student or clinical handbooks, but programs are required to pull out that information and submit as course syllabi in their application of record (Appendix 17).** **e) Course learning outcomes and instructional objectives are clear in defining program expectations, provide guidance, and help students achieve program required *competencies*.** **g) Methods of assessment/evaluation provides the student with descriptive information about the assessment/evaluation. This must entail more than a listing of assessment items.** **h)outline of grading plan that allows the student to understand how the final course grade is calculated**

B1.04	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.	**Documents demonstrating equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided in different geographic locations or by different means (such as online vs. in-person) for some students.** **Student-completed evaluations demonstrate course equivalency.** **Program evaluation and *analysis* of curriculum design and delivery.** **Interviews with students and faculty.**
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.	**Comparison of prerequisite courses versus those delivered during the professional phase.** ***Instructional objectives, learning outcomes* and course content and *goals*.** **Review of prerequisite information *published* by the program and institution.**
B2.02	The program curriculum *must* include instruction in the following areas of 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.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.03	The program curriculum *must* include instruction in clinical medicine covering all organ systems.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Interviews with students and faculty.**

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.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Interviews with students and faculty.**
B2.05	The curriculum *must* include instruction related to the development of clinical reasoning and problem-solving abilities.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Interviews with students and faculty.**
B2.06	The curriculum *must* include instruction to prepare students to provide medical care to patients with consideration for: a) disability status or special health care needs, b) ethnicity/race, c) gender identity, d) religion/spirituality, e) sexual orientation, and f) social determinants of health.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.** **Quality health care education involves an ongoing consideration of the constantly changing health care system and the impact of racial, ethnic and socioeconomic health disparities on health care delivery. Instruction related to medical care and *diversity* prepares students to evaluate their own values and avoid stereotyping. It assists them in becoming aware of differing health beliefs, values and expectations of patients and other health care professionals that can affect communication, decision-making, adherence and health outcomes.**
B2.07	The 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,	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**

	c) generating differential diagnoses, d) ordering and interpreting diagnostic studies, e) patient management including acute and chronic care plans, and f) patient education and referral.	
B2.08	The curriculum *must* include instruction in: a) the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly, b) preventive, emergent, acute, chronic, and rehabilitative patient encounters, c) pre-, intra-, and post-operative care, d) psychiatric/behavioral conditions, and e) palliative and end-of-life care.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.09	The curriculum *must* include instruction in clinical and technical skills including procedures based on current professional practice.	**List of technical skills and procedures taught.** **Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Interviews with students and faculty.**
B2.10	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	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.** **Materials must include a demonstration that instruction addresses application of principles of *interprofessional practice* required for all students.**

	c) include application of these principles in *interprofessional* teams.	
B2.11	The curriculum *must* include instruction in the following areas of social and behavioral sciences and their application to clinical practice in: a) death, dying and loss, b) human sexuality, c) normal and abnormal development across the life span, d) patient response to illness or injury, e) patient response to stress, f) substance use disorders, and g) violence identification and prevention.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.12	The curriculum *must* include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients: a) adhere to treatment plans, b) modify their behaviors to more healthful patterns, and c) develop coping mechanisms.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Interviews with students and faculty. Instruction related to each of the sub-standards must be patient centered and culturally sensitive.** **Interviews with students and faculty.**
B2.13	The curriculum *must* include instruction to prepare students to search, interpret and evaluate the medical literature to include: a) framing of research questions, b) interpretation of basic biostatistical methods,	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**

	c) the limits of medical research, d) types of sampling methods, and e) the use of common databases to access medical literature.	
B2.14	The curriculum *must* include instruction about the business of health care to include: a) coding and billing, b) documentation of care, c) health care delivery systems, and d) health policy.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.15	The curriculum *must* include instruction in concepts of public health as they relate to the role of the practicing PA and: a) disease prevention, surveillance, reporting and intervention, b) the public health system, c) patient advocacy, and d) maintenance of population health.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.16	The curriculum *must* include instruction in: a) patient safety, b) prevention of medical errors, c) quality improvement, and d) risk management.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**
B2.17	The curriculum *must* include instruction about the PA profession to include: a) credentialing, b) historical development, c) laws and regulations regarding professional practice and conduct,	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.**

	d) licensure and certification, e) the PA relationship with the physician and other health care providers, f) policy issues that affect practice, and g) professional organizations.	
B2.18	The program curriculum *must* include instruction in the principles and practice of medical ethics.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material.** **Interviews with students and faculty.**
B2.19	The curriculum *must* include instruction in: a) intellectual honesty, b) academic integrity, and c) professional conduct.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty.** ***Must* include instruction in these areas. A review or orientation to instution and /or program policies and standards of conduct is not evidence of instruction.**
B2.20	The curriculum *must* include instruction about provider *personal wellness* including prevention of: a) impairment and b) burnout.	**Instructional objectives provided in the program's application of record. Course related materials provided onsite such as PowerPoint or lecture material. Evidence must address all aspects of the sub-standards.** **Interviews with students and faculty..**
B3.01	The program *must* secure clinical sites and *preceptors* in *sufficient* numbers to allow all clinical students to meet the program's *learning outcomes* for *supervised clinical practice experiences.*	**List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical *rotations*.** **Documentation that identifies the specific number of students each site has agreed to supervise per year. This could be a letter of intent, memorandum of understanding, email with the site, initial preceptor evaluation form, etc.**

		Provisional applicant program must demonstrate sufficient clinical placements for their requested *maximum class size.* **Accredited programs must demonstrate sufficient clinical placements for their current clinical cohort(s) of students.** ***Sufficiency must* address any overlap of cohorts during the clinical phase of the program.** **Clinical sites *must* be *sufficient* in number to allow every student to have experiences needed to meet the program's *learning outcomes.*** **The ARC-PA defines supervised clinical practice experiences (SCPEs) as: Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.** **Programs may be able to use virtual experiences, simulation or other technology to meet some of the program defined learning outcomes for SCPEs, but the expectation is that SCPEs will include direct patient care, meet the program defined learning outcomes, and be of sufficient breadth and depth to prepare students for the clinical practice of medicine.**
B3.02	Clinical sites and *preceptors* located outside of the *United States must* only be used for *elective rotations.*	**List of clinical sites and *preceptors* and the signed affiliation agreements with facilities that have agreed to accept students for clinical *rotations* that clearly identifies location within the *United States*.** ***United States* is defined as: The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island.** **A program may satisfy the requirement of *supervised clinical practice experiences* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the United States Joint**

		Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.
B3.03	*Supervised clinical practice experiences must* enable all students to meet the program's *learning outcomes*: a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span, 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.	**Program has clearly defined for students and *preceptors*, the learning outcomes (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) that *must* be attained by each student at the completion of each supervised clinical practice experience (SCPE).** **The *learning outcomes*, at minimum, address the requirements of the standard. *Learning outcomes* for patient encounters addressing all aspects of the sub-standards are listed in *rotation* syllabi, clinical handbook, *preceptor* handbook and/or other documents available to students and *preceptors.*** **The program must have a process to evaluate sites for the experiences needed for students to meet the *learning outcomes*. Specific details about clinical site evaluation will be addressed in C2.01.** **The program must have a process to evaluate preceptors' ability to meet the *learning outcomes*. Specific details about preceptor evaluation will be addressed in B3.07a-g.** **The program must state how it will determine the SCPE has enabled the student to meet each program required *learning outcomes* specific to each substandard. This could include assessment of the *learning outcomes*, or other means to determine the SCPE enabled the student to meet the learning outcomes. Specific details about assessment will be addressed in B4.01.**
B3.04	*Supervised clinical practice experiences must* occur in the following settings: a) emergency department, b) inpatient, c) outpatient, and d) operating room.	**List(s) of clinical sites with settings, clinical *rotation* schedule, documentation of patient encounter types in each of the settings identified within the sub-standards. Faculty and student evaluations of SCPEs.** **Urgent care centers may be used for *supervised clinical practice experiences*, but do not replace the requirement to have students in an emergency department setting.**

B3.05	*Instructional faculty* for the *supervised clinical practice* portion of the educational program *must* consist primarily of practicing physicians and PAs.	**List of current *preceptors* including their credentials.**
B3.06	*Supervised clinical practice experiences should* occur with: a) physicians who are specialty board certified in their area of instruction, b) *NCCPA* certified PAs, or c) other licensed health care providers qualified in their area of instruction.	**List of all active licensed physicians, physician assistants and other licensed health care professionals who currently precept the *supervised clinical practice experiences/ rotations*, their area of instruction, and name of their associated clinical site. For each preceptor, provide current licensure information, including expiration dates. In addition, and as appropriate, provide evidence of current certification, including the area of certification and expiration dates.** **If applicable, documentation of program evaluation of physician *preceptors* who are not board certified or not board certified in their area of instruction, to determine whether each is appropriate for the specified area of instruction.** **The ARC-PA will only consider *supervised clinical practice experiences* occurring with:** **-physician *preceptors* who are not board certified or not board certified in their area of instruction,** **-PA preceptors not NCCPA certified** **or** **-other licensed health care providers serving as *preceptors*,** **when those physicians, PAs and other health care providers are evaluated and determined by the *program faculty* to be appropriate for the specified area of instruction, under circumstances unique to the program.** **Other licensed health care providers refers to any licensed provider (other than a physician or PA). This may include NPs, psychologists, etc. The standard states that these providers may be utilized as preceptors. However, they should be qualified in their area of instruction with supporting documentation.**

		The program must establish its parameters for determining qualifications as reflected in standard A2.13a. **(The term *should* designates requirements so important that their absence must be justified by the program with a compelling reason, acceptable to the ARC-PA.)**
B3.07	*Supervised clinical practice experiences must* occur with *preceptors* who enable students to meet program defined *learning outcomes* for: a) family medicine, b) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) women's health including prenatal and gynecologic care, and g) behavioral and mental health care.	**NOTE: Standard B3.07 is about the *preceptors* and not the types of patients that may be seen in certain practices.** **Lists of *preceptors* currently providing *supervised clinical practice experiences,* and their area of practice.** **Clinical *rotation* schedule including supervising *preceptor* area of practice.** **Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying preceptor's board certification in specialty area). Results of evaluation demonstrating students have comparable outcomes in meeting the *learning outcomes* after having *supervised clinical practice experiences* with preceptors practicing outside of the listed specialties. For example, if a program utilizes a family medicine provider as a preceptor for a pediatric rotation, the program must evaluate student outcomes between students who get their pediatrics experience with a pediatrician vs. a family medicine practitioner.** **PA education requires a breadth of *supervised clinical practice experiences* to help students appreciate the differences in approach to patients taken by those with varying education and experience. *Supervised clinical practice experiences* used for *required rotations* are expected to address the fundamental principles of the disciplines as they relate to the clinical care of patients.**

B4.01	The program *must* conduct *frequent*, objective and documented evaluations of student performance in meeting the program's *learning outcomes* and *instructional objectives* for both didactic and *supervised clinical practice experience* components. The evaluations must: a) align with what is expected and taught and	**Student assessment is both described and applied based on clear parallels between what is expected and taught.** **Evidence the program aligns its *instructional objectives* and *learning outcomes* with its evaluations.** **Program *must* be able to provide evidence that assessment tools utilized (written exams, *preceptor* evaluations, other assignments) allow the program to determine how well students have met all the expected *learning outcomes* and *instructional objectives*.** **Thorough assessment that includes both formative and *summative evaluations* and involves multiple assessment approaches with multiple observations by multiple individuals.** **Course syllabi include student evaluation methodology and a schedule of objective *formative evaluations* that align with course expectations (learning outcomes and instructional objectives).** **Evaluation instruments.** **Performance is assessed according to the program's pre-specified criteria.** **On-site interviews with students and faculty.** **Evaluation products designed primarily for individual student self-assessment, such as PACKRAT, are not to be used as an instrument that results in a passing or failing grade for students in any course(s) in the program.**
	b) allow the program to identify and address any student deficiencies in a *timely* manner	**Assessments allow timely identification of student deficiencies in program defined *learning outcomes* and *instructional objectives* so they can be addressed.** **Assessment tools that include evaluation items that are not complex in nature and allow the evaluator to readily identify a student deficiency. Process for the program to review student evaluations and address individual student deficiencies.** **Records of student performance in each course.** **Student files indicating means of *remediation* employed and outcomes of *remediation* are timely and are as described in program policy and procedures.**

		Committee meetings minutes with discussions related to student progress documented. **On-site interviews with faculty and students.**
B4.02	(rescinded effective 9.2020)	
B4.03	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 abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors.	**The evaluation instrument/s correlate/s with the program *competencies*.** **Mapping of program *competencies* to program's *summative evaluation*.** **Instruments used for *summative evaluation* address each of the sub-standards.** **Results of the *summative evaluation* of each student are documented.** **The *summative evaluation* occurs within the final four months of program completion.** **The evaluation is not limited to a review of previous evaluation outcomes used during the course of the program.** **Evidence of compliance with this standard will address all aspects of the sub-standards.** **Evaluation products designed primarily for individual student self-assessment, such as *PACKRAT* are not to be used by programs to fulfill the *summative evaluation* of students within the final four months of the program.**
B4.04	The program *must* document equivalency of student evaluation methods and outcomes when instruction is: a) conducted at geographically separate locations and/or	**Program *analysis* of evaluation methods and outcomes between/among different cohorts.** **On-site interviews with students and faculty.** **Student course evaluations.**

	b) provided by different pedagogical and instructional methods or techniques for some students.	

SECTION C: EVALUATION

This section addresses evaluation across the program, including program operations, students, faculty, curriculum, and clinical sites. A major focus of this section is the program's ongoing self-assessment process and *analysis* of the outcomes of that process, as well as the changes made based on the outcomes. Much of the evidence related to Section C is found in program meeting records, evaluation tools and surveys.

Site visitors and ARC-PA commissioners review materials verifying the processes and outcomes of evaluation, as well as how changes are made in the program based on these findings. They review 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 Self-Study Report, and data supporting it, are critical pieces of evidence for this section. Site visitors review the source data used for the SSR, verifying that the resulting data *analysis* reflects the data gathered. The ARC-PA expects the program to: document evidence of critical *analysis* of data collected as part of its ongoing process of self-assessment; draw conclusions (including strengths) based on and related to the data and *analysis* of relationships of the data to the program expectations, issues or concerns; and document actions (modifications or non-modifications) taken based on the *analysis*.

In reviewing materials related to **clinical site evaluation**, visitors, and commissioners examine documents related to the initial and ongoing evaluation of clinical sites. They look for information to verify the site's ability to offer an educational experience that not only provides the patient encounters needed but ensures that students are able to fulfill the program's expected *learning outcomes*. They also review documents related to the evaluation of *preceptors* supervising the students during clinical experiences.

During their discussions with individuals (administrators, faculty and instructors, *preceptors*, students) as part of the visit, site visitors verify that the processes described, and information submitted by the program or reviewed on site 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 are to include those needed by site visitors to verify the program's response to application questions submitted to the ARC-PA.

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 *must*be conducted within the context of the mission and *goals* of both the sponsoring institution and the program, using the 5th edition 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 includes *analysis* of quantitative and qualitative data collected from students, graduates, faculty (principal and instructional) and staff, as applicable. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites. Ongoing assessment of educational experiences is used to identify strengths and areas in need of improvement and leads to the development of plans for corrective intervention. 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.

C1 ONGOING PROGRAM SELF-ASSESSMENT

	Standard	**Evidence Suggestions / Performance Indicators**
C1.01	The program *must* define its ongoing self-assessment process that is designed to document program *effectiveness* and foster program improvement. At a minimum, the process *must* address: a) administrative aspects of the program and institutional resources, b) *effectiveness* of the didactic curriculum, c) *effectiveness* of the clinical curriculum, d) preparation of graduates to achieve program defined *competencies,* e) *PANCE* performance,	**The defined process, at a minimum, meets the expectations of the standard and all aspects of the sub-standards. The self-assessment process results in the collection of appropriate data for critical *analysis*.** **The narrative within the overview of the process and each of the SSR appendices describes a process of ongoing self-assessment, incorporating data from multiple sources. The process critically assesses all aspects of the program (curricular and administrative) relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites within the context of meeting program defined *competencies* and *goals.*** **In addition to the self-study report, the self-assessment process is verified by documentation in faculty, admissions, curriculum or other committee minutes.** **Sources of data include those listed in the sub-standards and may also include, but are not limited to:** **faculty self-assessments, university assessments, student course performance data, *rotation* logs, *summative evaluations*, clinical site evaluations, student evaluation of**

	f) *sufficiency* and *effectiveness of principal and instructional faculty* and staff, and g) success in meeting the program's *goals.*	**clinical sites, *preceptor* evaluation of students, student program evaluations, faculty course evaluations, faculty program evaluation, employer surveys, institutional strategic planning.** **A well-designed self-assessment process reflects the ability of the program to collect and interpret evidence of student learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence the program gives careful thought to data collection, management and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.**
C1.02	The program *must* implement its ongoing self-assessment process by: a) conducting data collection	**Revisions to the curriculum and other dimensions of the program are clearly supported by data collected in a process of ongoing program self-assessment.** **Verified by the SSR and on site by interviews with faculty and staff, data collection tools, data summaries, and committee meeting minutes.** **a) Program should collect both quantitative and qualitative data within its self-assessment process that addesses the data requirements for each self-study appendix.**
	b) performing critical *analysis* of data, and	**b) Critical *analysis* of data includes but is not limited to the following:** **-evaluating the validity of data (e.g., low response rates),** **-identification of areas above or below benchmark,** **-evaluating trends over time,** **-triangulation of data to identify relationships/contributing factors, and** **-correlation of data to the expectations of the program.** **Revisions in curricular and administrative aspects of the program (requirements, content, instructional methods, evaluation, policies etc.) are shown to be data driven or data informed.**
	c) applying the results leading to conclusions that identify:	**Conclusions drawn *must* be based on the data and relationships of the data to the program expectations, issues or concerns.**

	i. program strengths ii. program areas in need of improvement, and iii. action plans	**i-program strengths: an area consistently (as defined by program) above clearly identified benchmark(s) in multiple data sets. Documented critical *analysis* of data leads to the conclusion that the area is a strength. Areas identified in the SSR as strengths are summarized and listed in the appendix Strength Template.** **ii-areas in need of improvement: critical *analysis* of data and identified benchmark(s), trends and relationships lead to the conclusion an area is in need of improvement. Areas identified in the SSR as areas in need of improvement are summarized and listed in the appendix Areas in Need of Improvement Template. The template in the SSR includes a summary of the area(s) needing improvement as documented in the SSR, including plans for improvement, the expected outcomes, person(s) responsible and a completion timeline.** **An improvement already implemented is a Modification. The SSR narrative should document the result of *analysis* of data evaluating the effectiveness of modifications implemented, if possible.** **An improvement already implemented is listed in the SSR appendix Modifications template.** **iii- action plans are plans to address areas needing improvement and must logically be the result of documented *analysis* of data.** ***A program may decide to make changes based on innovation or to ensure compliance with the standards. While these changes may be necessary and beneficial to the program, only changes related to data analysis should be listed in the program's self-study report. In addition, routine operational changes or updates should not be included.**
C1.03	The program *must* prepare a self-study report as part of the application for accreditation that *accurately* and *succinctly* documents the process, application and results of ongoing program self-assessment. The report	**The self-study report (SSR) is completed according to directions provided by the ARC-PA. It *accurately* and *succinctly* documents the process and results of ongoing self-assessment, including data tables and *analysis* as defined by the ARC-PA.** **Program generated data is presented in a tabular or graphic 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.**

	must follow the guidelines provided by the ARC-PA.	**The critical *analysis* of listed components shows correlational relationships and trending. *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.** **Documented *analysis* supports explicitly identified conclusions provided in the SSR.** **Critical assessment of all aspects of the program (curricular and administrative*) related to sponsorship, resources, students, operational policies, curriculum, and clinical sites is documented.** **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 section A of the *Standards*: institutional sponsorship, resources (financial, human, physical and technology), policies/procedures, and *student services*.**
C2.01	The program *must* define and maintain effective processes and document the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences,* to ensure students are able to fulfill program *learning outcomes* with access to: a) physical facilities, b) patient populations, and c) supervision.	**Description of the process used for the initial and ongoing clinical site and *preceptor* evaluation, including the format and timing of evaluations.** **Documentation indicating consistency of the program's described process across sites and program evaluators.** **Documentation noting *effectiveness* in identifying sites that do not meet program expectations for *learning outcomes*.** **Documentation maintained as evidence of the program's evaluation of each clinical site addressing the sub-standards in terms of the sites' ability to provide needed experiences (such as completed site visit forms, or documentation of phone calls or virtual site visits).** **Completed student evaluations of sites used.** **Summary and comparison of documentation of patient encounters.** **Interviews with *preceptors*, students and faculty.**

		This includes more than just an initial evaluation of the site. The program *must* document that the site allows the student access to facilities, patient populations and supervision necessary to fulfill program *learning outcomes.*

SECTION D: PROVISIONAL ACCREDITATION

Section D of the *Standards* applies only to programs applying for entry into the ARC-PA accreditation process as a new provisional applicant program. Programs being evaluated for Provisional Accreditation as they enter the accreditation process must meet the standards in Section D as well as those in all other sections of the *Standards*.

Section D addresses the responsibilities of programs and sponsoring institutions specifically related to the readiness of a program to begin. While some of the evidence needed for this section may be found in completed documents, some of the evidence relates to planning processes, documents, and materials. Evidence may be found in institution and program documents, such as catalogs, policy and procedure manuals, student handbooks, websites, and program planning files. A detailed three-year budget is required. Programs must show evidence of appropriate planning for the entire curriculum, including **completed course-related materials** (course names, course descriptions, course goals, topic outlines, *instructional objectives*, *learning outcomes*, methods of assessment/evaluation, and plan for grading) for the entire program.

During their discussions with individuals (administrators, faculty, instructors, and *preceptors*) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site 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.

Programs applying for provisional accreditation should take care when cross referencing materials that may serve as evidence both for Section D as well as for other sections of the *Standards*.

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 if 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.

D1 PROVISIONAL ACCREDITATION REQUIREMENTS

Programs applying for provisional accreditation *must* 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 preparing accreditation application materials, discuss the process and timelines. Typically, the institution official assigned to be responsible for the development of the program is a Provost or individual designated by the institution President. The ARC-PA does not consider a *consultant* to be an appropriate individual responsible for the development of the program. The curriculum *must* be approved by the institutional process prior to the site visit.

	Standard	Evidence Suggestions / Performance Indicators
D1.01	Based on the qualifications outlined in the *Standards*, the program *must* have: a) A 1.0 FTE program director hired by the institution on a permanent basis at least 15 months prior to the date of the scheduled	**Appropriate individuals have been hired and assigned according to the required timeline.** **Names and CVs of program director and *medical director* that meet qualifications as required by the *Standards*. Date of hire should include month and year for PD, MD, PF, and staff on data sheet and CVs.** **a) The ARC-PA does not consider a *consultant* or interim program director a program director hired on a permanent basis. See Standards A2.06-A2.10 also.**

	site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda.	**The Commission expects that the program will retain the same program director for these 15 months. Programs must inform the ARC-PA immediately when the program director is hired OR if there is a change in program director. The program may be removed from the agenda for not retaining a permanent program director for this time period.** **If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining a permanent program director for this time period.**
	b) A *medical director* appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.	**b) the medical director may be a paid employee or a volunteer. May or may not have an academic appointment. See Standards A2.11 and A2.12 also.** **The Commission expects that the program will retain the same medical director for these 15 months. Programs must inform the ARC-PA immediately when the medical director is hired OR if there is a change in medical director. The program may be removed from the agenda for not retaining a permanent medical director for this time period.** **If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining a permanent medical director for this time period.**
	c) 2.0 FTE PA-C *principal faculty* and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit.	**The Commission expects that the program will retain the same principal faculty and support staff for these 9 months. Programs must inform the ARC-PA immediately when these individuals are hired OR if there is a change. The program may be removed from the agenda for not retaining permanent principal faculty and staff for this time period.** **If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining faculty and staff for this time period.**

	d) A chief administrative officer or designee assigned to be responsible for the development of the program.	**d) Typically, the designee of the chief administrative officer is a dean, department chairperson or provost.**
	If any of the above positions are not filled by the indicated time frame, the program will be removed from the commission agenda, forfeiting any fees paid.	
D1.02	The developing program *must* publish and make *readily available* to everyone who requests information, applies, or plans to enroll: a) 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.	**Materials (printed and web-based) available or to be provided to those requesting program information.** **c) implications of non-accreditation must be available to potential applicants and may include things like refund of any deposits made, placement on a waiting list for admission should the program be accredited in the future, etc.**
D1.03	Prior to the ARC-PA provisional comprehensive evaluation site visit, the program *must* have a complete and institution-approved curriculum and have established evaluation methods for all didactic and clinical components of the program.	**Course syllabi, student handbooks or other documents which include written curriculum design, sequencing, and evaluation methods for the entire program curriculum.** **Documented institutional approval of the curriculum.**
D1.04	The program *must* provide detailed information for each course and *rotation* offered in the program. The program *must* have a course syllabus for each course and *rotation* that includes the: a) course name, b) course description, c) course goal/rationale, d) outline of topics to be covered,	**See Standard B1.03** **g) evaluation instruments do not need to be developed at the time of accreditation review but syllabi must include an outline and description of the types of evaluation methods that are planned for the course (written exam,**

	e) *learning outcomes* and *instructional objectives*, f) faculty instructor of record if known, g) methods of student assessment/evaluation, and h) plan for grading.	**practical exam, different assignments, etc.) and their value to the final course grade.**
D1.05	The program *must* have signed agreements from prospective clinical sites participating in the *supervised clinical practice experiences sufficient* in number to meet the needs of the *maximum class size.*	**List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical *rotations*.** **Documentation that identifies the specified number of students each site has agreed to supervise per year as stated in the Appendix 11 SCPE template. If the affiliation agreements do not include the number of agreed placements, the program must provide additional documentation that verifies the information. For example: initial preceptor evaluation forms, memorandum of understanding, letter of intent, email correspondence with the site, etc.** **Evidence must demonstrate sufficient clinical placements for the program's requested *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.	**Student class size data submitted to the ARC-PA indicates compliance.**

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 their discussions with individuals (administrators, faculty and instructors, *preceptors*, students) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site *accurately* 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.

Programs are expected to provide reports and documents as required by the ARC-PA.
Based on the data contained in reports and documents, the program may be required to submit additional information, may be scheduled for an onsite evaluation, may have the length of time between *comprehensive evaluation* visits changed, or may have its accreditation status altered.

E1 PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES

	Standard	Evidence Suggestions / Performance Indicators
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.	**Evidence that notification of adverse accreditation action has been conveyed to the ARC-PA in a *timely* manner.**
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, which are scheduled as determined by the ARC-PA.	**Program director correspondence with the ARC-PA regarding scheduling of comprehensive review and other visits.**
E1.03	The program *must* submit reports or documents as required by the ARC-PA.	**Reports/applications received by the ARC-PA are:** • **completed following directions,** • **in the prescribed format** • **submitted at the prescribed time** **This includes maintenance of the program's Portal with the program's most current information.**

E1.04	The program *must* inform the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of: a) program director (or interim) within two business days of the vacancy, b) *medical director* (or interim) within 30 days of the vacancy, and c) *principal faculty* within 30 days of the vacancy.	**Evidence that notification of changes in the listed positions were submitted to the ARC-PA in a *timely* manner, using forms and following directions provided.** **The Change in PA Program Faculty form is to be used to inform the ARC-PA of a personnel change including the resignation, termination, or appointment in the listed positions.** **A Change in PA Program Faculty form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position.** **More information on Program Changes can be found further in this document.**
E1.05	The program *must* demonstrate *active* recruitment to permanently fill vacated or interim positions. The program *must* provide quarterly updates to the ARC-PA on progress filling vacated or interim positions.	**Advertisements for faculty vacancies, indications of how advertised and timing of advertisements, assurance of budgetary support for the position(s), timeline for filling vacancies, or if filled, description of interval from vacancy to filling of the position(s).** **Quarterly updates provided to the ARC-PA.** **Discussion with PD and institutional officials about progress on filling the open position(s).**
E1.06	An interim program director (IPD) *must* meet the qualifications of the program director.	**Current CV of IPD.** **PD job description/requirements.** **IPD qualified as required by the Standards (A2.06-A2.10).**
E1.07	The appointment of the IPD position *must:* a) occur within five business days of the vacancy caused by the program director's resignation/termination, and b) not exceed 12 months.	**Evidence that the IPD was in place within 5 business days. Program has IPD in place 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.** **Quarterly updates provided to the ARC-PA.**

E1.08	The program *must* inform the ARC-PA within two business days, using forms and processes developed by the ARC-PA, of a temporary vacancy or extended absence of: a) the program director/interim program director greater than 21 calendar days, or b) the *medical director*/interim *medical director* or *principal faculty* greater than 90 calendar days	**Evidence that notification of a temporary leave of absence outlined in the standard was submitted to the ARC-PA within two business days, using forms and following directions provided.** **This standard refers to a leave of absence with expected return to the same role in the program (e.g., family medical leave, short term disability, etc.).** **More information on Program Changes can be found further in this document.**
E1.09	The program *must* receive approval 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) program expansion to a *distant campus*, b) requirements for program completion/ graduation that include changes in total credits required, c) the curriculum that result in an increase in the student tuition, d) an increase in the approved *maximum entering class size,* or e) program length, greater than one month.	**Evidence of written request to the ARC-PA, six months prior to implementation, using ARC-PA forms and processes. The *maximum entering class* size is approved by the ARC-PA upon review of the program by the commission or after approval of a change request for a class size increase. Any increase above the ARC-PA approved *maximum entering class size* requires approval by the ARC-PA.** **Programs should plan accordingly for changes requiring approvals within the time frame required by the standard. Take into consideration the length of time between submission and review. It is recommended that programs begin the approval process one year before a change.** **More information on Program Changes can be found further in this document.**
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	**Evidence of written notification to the ARC-PA, six months prior to implementation, using ARC-PA forms to report proposed changes.** **More information on Program Changes can be found further in this document.**

	proposed changes to the degree granted at program completion.	
E1.11	The program *must* immediately inform the ARC-PA in writing, using forms and processes developed by the ARC-PA when: a) enrollment exceeds its *maximum approved class size*, or b) it encounters a substantive decrease in fiscal support of: i. 20% or more decrease in overall budget or for program expenditures, or ii. 5% or more decrease in its operating budget.	**Any increase above the ARC-PA approved *maximum entering class size* for any reason requires program notification to the ARC-PA using the forms and following the instructions provided by the ARC-PA.** **A decrease in support for the program may refer to a decrease in budget allocations for human, academic or physical resources. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. 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.** **Programs are required to report ≥ 20% decrease in overall budget which includes at minimum, the following 4 areas:** **a) Faculty salaries and benefits,** **b) Staff salaries and benefits,** **c) Faculty/staff development (Funding provided to the program director and principal faculty in support of maintenance of certification, licensure, and professional development directly relevant to PA education),** **d) and operations.** **Programs are required to report ≥ 5% decrease in the operating budget which is a subset of the overall budget. It does not include salaries and benefits.** **More information on Program Changes can be found further in this document.**
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.	**Evidence of *timely* notification of ARC-PA by sponsoring institution. Notification should occur as soon as institution begins considering such action to assure that ARC-PA policies and procedures about transfers are addressed.**
E1.13	The program and the sponsoring institution *must* pay ARC-PA accreditation and	**Evidence of *timely* payment of invoices sent to the program by the ARC-PA.**

	associated fees as determined by the ARC-PA.	**Note: A program may be placed on Administrative Probation for failure to pay fees. (See ARC-PA Policy 11.9)**

Ongoing Program Self-Assessment

Background

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires submitting a written report documenting the activities of self-assessment. Already accredited programs must demonstrate through the report that it:

1) has an established process of ongoing self-assessment to monitor and document program effectiveness, and
2) collected and critically analyzed outcome data to support current activities or make needed modifications for improvement.

It is essential that program faculty, especially the program director, are familiar with the concepts of ongoing program self-assessment and the report that verifies self-assessment known as the Self-Study Report (SSR).

Programs applying for Provisional Accreditation must submit a **plan for self-study** as compared to the Self-Study Report (SSR) required for already accredited programs. Directions for developing and submitting the plan are included with the accreditation application.

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 evaluation process conducted by the sponsoring organization. However, institutional evaluation processes may not be sufficiently comprehensive or detailed and will likely need supplementation by other activities specific to PA program evaluation and the *Standards*.

Participants in the Self-Assessment Process

A variety of participants should be included in the self-assessment process and the preparation of the SSR. 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
- students
- graduates
- preceptors and employers

- 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. It uses the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference. It is comprehensive, regular, and analytical. It occurs throughout the academic year and in all of the phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, and other activities connected with the educational enterprise. It identifies strengths andareas in need of improvement, develops plans for corrective intervention, and evaluates the effects of the interventions.

Analysis is the study of compiled or tabulated data interpreting correlations and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.

Instructions for the Self-Study Report (SSR)

Instructions for completing the SSR are included within the application for accreditation.

The Self-Study Report format asks for samples of the data over a several year period which the program collects in various areas related to Standard C1.01. Tables are provided to display that data. The program may also provide the additional summary data needed to support the analysis narrative. The report also asks the program to provide narrative about analysis of data and actions taken based upon that analysis. The program will report on analysis and actions taken based upon implementation of the program's ongoing self-assessment process which documents program effectiveness and fosters program improvement.

Common Missing Elements of the Self Study Report

The Self-Study Report (SSR) allows the ARC-PA to verify the program has implemented a process to review the quality and effectiveness of its educational practices, policies and outcomes. This document reflects the program's critical analysis of its curriculum, sponsorship, resources, faculty, students, outcomes, and assessment of program strengths and areas needing improvement.

As programs undergo their practice of self-assessment and prepare their SSR for accreditation review, keep in mind these common missing elements:

Describe your survey instrument
Although you may be familiar with the evaluation/survey instrument used in your program, the ARC-PA reviewers need to understand the details of your evaluation/survey instrument. In addition to providing a summary of the data collected, programs must include a description of the survey/evaluation instrument, type of responses (e.g. yes/no, multiple choice, essay), description of the Likert scale (if applicable), response rates and a description of how the data was compiled. Alternately, programs can provide a copy of a blank instrument in an appendix to the SSR.

Don't forget about your qualitative data
Open ended survey questions, interviews and focus groups are common methods of collecting qualitative data. This information must be included as part of your data and analysis within the SSR. When qualitative data is cited, the SSR narrative must include the process by which the data was obtained, and an explanation of how the data was analyzed (e.g. grouped into themes, percentage of comments, trends over time). Qualitative data provided in the SSR must be summarized and appended to the appendix or described in the narrative. Do not include all raw data.

Qualitative data also is filtered through the lens of the faculty's collective knowledge and experience, since faculty may have a different perspective than students. Programs are not expected to adopt modifications based solely on qualitative feedback from students or other stakeholders. This filtering should be described as part of the program's self-assessment process and explained in the narrative.

Identify your benchmarks
Benchmarks identify the program's minimum threshold for performance. Prior to reviewing data, the program must determine at what level (or benchmark) it will consider the performance satisfactory. This implies that areas performing below the program identified benchmark will require additional analysis and potentially be identified as an area in need of improvement. This also implies that areas performing above the program identified benchmark will require additional analysis and potentially be identified as a program strength. When describing this point of reference within the SSR, the program should include its rationale for selecting each benchmark. Although external data (university benchmarks, PAEA data) may be used, benchmarks should be program specific to account for its individual mission, needs and goals.

Analysis does not mean repeating or summarizing data
Although analysis does not need to be complex, it does need to include more than a summary of data and statement of conclusions, for both quantitative and qualitative data. The analysis should include the description of the study of the compiled data. It may include identification of areas above or below benchmark, trends over time, and correlational relationships, and effect of response rates on data validity. The description of analysis should provide the reader with the linkage between the program review of data and identified conclusions.

Incorporate relevant data from other areas
There are multiple appendices within the SSR but each appendix does not stand alone. Data from one area of program assessment can be utilized in the analysis of data from another area. For example, data on student course evaluations, remediation, preceptor feedback of student preparedness for rotations, student exit evaluations and faculty evaluation of the curricular aspects of the program may support analysis of PANCE performance. This integration of data analysis helps programs identify correlational relationships and incorporate pieces of the self-assessment process to provide a more comprehensive analysis of program functions.

ARC-PA Resources for the Self Study Report
The ARC-PA website provides additional information to assist programs through the process of self - assessment. The Data Analysis Resource addresses the four components of data analysis and provides more information on the ARC-PA expectations and requirements.

Applications for Accreditation

Applications related to the categories of accreditation are provided to programs depending on the program's accreditation status. The ARC-PA website includes a SAMPLE of the basic applications for programs first applying for accreditation (provisional applicant program applications), programs continuing in the provisional accreditation pathway (provisional monitoring and final provisional applications), and programs applying for or holding an Accreditation-Continuing status (continuing applications). Materials are available within the sections of the website related to accreditation status.

Applications for programs holding an accreditation status require the program to describe how it currently demonstrates compliance with the *Standards*. Some types of applications also ask programs to address how they review compliance with specific standards.

The application submitted by the program to the ARC-PA office is considered the program's application of record. Programs are reminded about the Application of Record terminology in accreditation applications, in letters to the program directors confirming the assignment of site visitors, and in the Site Visit Protocol for Program Directors.

The program's application of record is one component of the official program record used by the commission throughout the accreditation review process. Site visitors have been instructed **not** to and will not accept any new or revised application materials from the program at the time of the visit. **If**, during the process of the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials must be sent with the program's response to observations.

The ARC-PA will only accept and continue to process a program for its site visit if the application of record is completed correctly and received in the office on time. It is critical that program faculty and staff follow directions about completing materials as directed in the application packet. All appendices must be completed and submitted as directed, including any required syllabi and policy documents.
Applicant programs that submit incomplete applications risk having their site visits canceled.
Accredited programs that submit incomplete applications risk having their site visits canceled and moved to a later commission agenda as well as being placed on administrative probation until a completed application is received.

The site visit team is advised not to accept any new materials not already a component of the application of record. The team will review materials on site that were not to be included in the application of record, such as program assessments, meeting minutes, and student and faculty files. Not accepting new materials means that **the team will not accept changes to or new appendices to the original application**, including not accepting new or updated instructional objectives replacing those specifically required in the application.

For Accredited Programs Only: The commission does understand that between the time an application is submitted and the date of a site visit, programs may be in the process of updating their syllabi, manuals, and other program documents. Programs should not disrupt their process of updating and getting appropriate approvals for course syllabi and other documents.

Accredited programs are advised to discuss this potential situation with the site visit chair, explaining why the documents seen on-site may be different from those in the application. Programs are to have

both versions of the documents (those revised and those appended to the application) available for the site visit, highlighting changes made in the revised documents. Site visitors will document what was seen on site, but Commissioners will only evaluate the materials submitted within the application of record to judge compliance with the Standards.

Initial provisional applications of record include data for program Supervised Clinical Practice Experiences (SCPEs). The application is submitted 12 weeks before the visit, and the program may have an updated Supervised Clinical Practice Experiences TEMPLATE at the time of the visit. In this case, the site visit team will verify or validate that the program had sufficient SCPES with agreements **at the time of the visit** and document this in the site visit worksheet. The site visit team chair should ask the program to submit the revised Supervised Clinical Practice Experiences TEMPLATE, as reviewed with the visitors at the time of the visit, with the program's response to observations.

The syllabi and manuals appended to the program's application will be used by the commission, as needed, as evidence of compliance with the *Standards*.

Under NO circumstance will the site visit team accept a NEW application document or any updated sections of the application.

ADDRESSING THE "SHOULD" STANDARDS

The *Standards,* 5th edition includes four "should" standards (A1.05, A2.04, A2.15, and B3.06). Programs not meeting any component(s) of a 'should' standard are expected to explicitly describe the program's compelling reason for not being able to meet the standard in the application of record. Although the details may be further explored by the site visit team, the application of record is the direct communication between the program and the commission.

The commission makes determinations on compliance with any of the Standards. A program or institution may be cited for failing to comply with a requirement that includes the term 'should.'

The Site Visit

The ARC-PA website contains multiple documents to support programs in planning for their accreditation site visit. http://www.arc-pa.org/site-visit-protocol/

Summary of *Standards* Requirements for Published & *Readily Available* Information

Several accreditation standards require programs to make program information *readily available*. *Readily available*, as defined by the ARC-PA, means that the information is accessible to others in a timely fashion via defined program or institution procedures. Navigation to digital content should take little effort or time. The ARC-PA does not require that this information is published on the program's website. However, many programs find their website an effective place to publish information, especially for prospective students.

Below is a summary of the Standards that are required to be readily available. This summary may be used as a guide to assist programs in maintaining up-to-date information.

Please Note: These tables only provide a summary of the standards that reference a requirement for making information published and *readily available*; programs must refer to the *Standards*, 5th edition to ensure that the information they publish is in compliance with the *Standards.*

Information that must be readily available to **prospective students**

Standard	Information	Frequency of updates
A3.03	Policy: Soliciting clinical sites	After any change
A3.12a	ARC-PA accreditation status	Per ARC-PA correspondence
A3.12b	Evidence in *effectiveness* in meeting goals	Per program policies
A3.12c	Current annual PANCE Exam Performance Summary Report Last 5 Years report provided by NCCPA	No later than annually by April 1st
A3.12d	Required curricular components	After any approved change
A3.12e	Academic credit offered by program	After any approved change
A3.12f	Estimates of cost (tuition/fees)	After any change
A3.12g	Program required *competencies*	After any change
A3.12h	Services and resources related to distant campus	After any change
A3.12i	Student attrition information	No later than annually by April 1st
A3.13a	Admissions practices favoring individuals/groups	After any change
A3.13b	Admissions requirements (education/experience)	After any change
A3.13c	Practices for *advanced placement*	After any change
A3.13d	Admissions requirements (academic standards)	After any change
A3.13e	*Technical standards*	After any change

Information that must be readily available to **enrolled students**

Standard	Information	Frequency of updates
A1.02j	Student grievances/harassment	Per institutional policies
A1.02k	Tuition /fees refunds	Per institutional policies
A3.03	Not soliciting clinical sites/preceptors	After any change
A3.04	Not working for program	After any change
A3.05	Student cannot function as faculty or staff	After any change
A3.06	PA student identification	After any change
A3.07	Health screening and immunization	After any change
A3.08	Student exposure to hazards	After any change
A3.09	Program faculty cannot provide health care	After any change
A3.10	Timely access and referral to student services	After any change
A3.15a	Required academic standards	After any change
A3.15b	Requirements for progression and completion	After any change
A3.15c	Policies/procedures *remediation* and *deceleration*	After any change
A3.15d	Policies/procedures withdrawal and dismissal	After any change
A3.15e	Policy for student employment	After any change
A3.15f	Policies/procedures for student mistreatment	After any change
A3.25g	Policies/procedures for student grievances/appeals	After any change

Information that must be readily available to **program faculty**

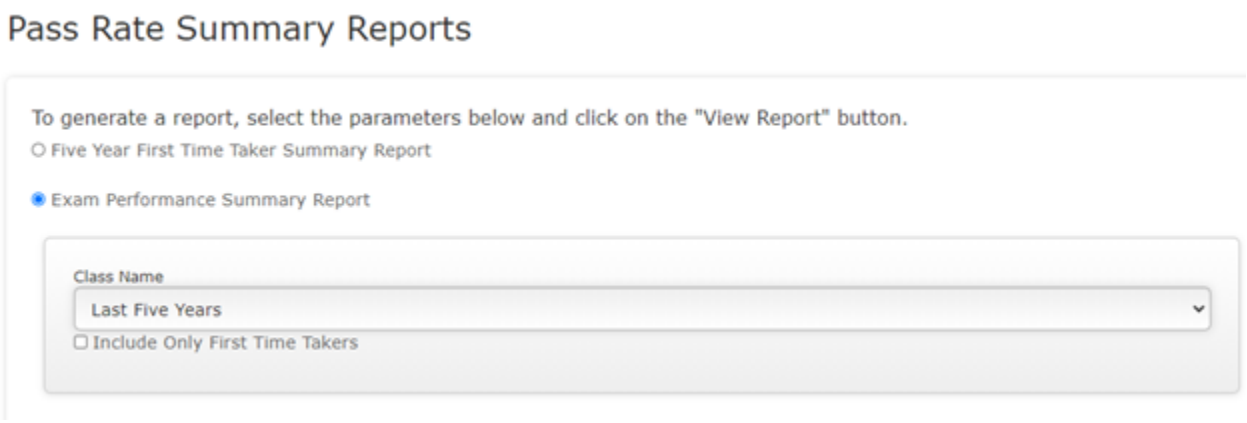
Standard	Information	Frequency of updates
A1.02i	Faculty grievances/harassment	Per institutional policies

NCCPA PANCE Exam Performance Summary Report Last 5 Year

Standard A3.12c requires programs to download a specific report for the NCCPA regarding their program outcomes and make it readily available to prospective students. In order to ensure that programs access the correct report, the following directions can be used for guidance.

Directions to access the **NCCPA PANCE Exam Performance Summary Report Last 5 Year**:

1. Log into the NCCPA Program Portal.
2. Select "Reports".
3. Select "Pass Rate Reports"
4. Select "Exam Performance Summary Report"
5. Drop down list for Class Name and select "Last Five Years"
   (Do **NOT** check box for "Include Only First Time Takers")



5. Select View Report and save to your computer. The report should be look similar to this:

Class	Class Graduation Year	Group	Number of Candidates Who Took PANCE	Number of Exam Attempts	Number of Exams Passed	Program Exam Pass Rate	National Exam Pass Rate for the Class Graduation Year	% of Candidates Who Ultimately Passed PANCE
Class of 2016	2016	All Takers	51	54	51	94%	93%	100%
		First Time Takers	51	51	48	94%	96%	100%
Class of 2017	2017	All Takers	42	42	42	100%	95%	100%
		First Time Takers	42	42	42	100%	97%	100%
Class of 2018	2018	All Takers	46	46	46	100%	97%	100%
		First Time Takers	46	46	46	100%	98%	100%
Class of 2019	2019	All Takers	49	50	49	98%	91%	100%
		First Time Takers	49	49	48	98%	93%	100%
Class of 2020	2020	All Takers	47	47	47	100%	93%	100%
		First Time Takers	47	47	47	100%	95%	100%

Program Changes

The Standards related to Accreditation Maintenance require programs to inform the ARC-PA of substantive changes. These changes must be submitted using the appropriate forms found on the ARC-PA website http://www.arc-pa.org/program-change-forms/

Failure of a program to provide the information required may result in a reconsideration of the program's current accreditation status or earlier scheduling of the next site visit to the program.

Program changes that require official acknowledgment by the ARC-PA include but are not limited to:

- Change in *Program Faculty* - The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of personnel changes (resignation, termination, or appointment) in its positions of program director (or interim) within two business days of the vacancy, and *medical director* (or interim), or *principal faculty* within 30 days of the date of the effective change and *must* include a detailed plan and timeline to fill those positions (Standard E1.04). In addition, the program is required to submit quarterly updates of *active* recruitment to fill any vacant positions.
- Change in Sponsoring Institution Personnel – Any change to whom the Program Director reports to or the Chief Administrative Officer must be reported to the ARC-PA.
- Temporary leave of absence of personnel - The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of temporary vacancy or extended absence in its positions of the program director (or interim) greater than 21 calendar days, and medical director (or interim), or principal faculty greater than 90 calendar days. The notice must include the program's plan to accommodate the temporary absence (E1.08).
- Change in sponsoring institution, report as soon as the institution begins to consider the transfer (E1.12)
- *PANCE* Report – required any year that the *PANCE* pass rate for first-time takers by cohort for that year has a pass rate percentage below the percentage posted on the ARC-PA website.

Certain changes require ARC-PA approval, no less than six months prior to program implementation (Standard E1.09). It is recommended that the program submit requests for change approximately 12 months prior to implementation to ensure appropriate time for ARC-PA review. These include:

- Expansion to a *distant campus*
- Requirements for program completion/graduation that include changes in total credits required,
- Change in curriculum that results in an increase in the student tuition
- An increase in the approved *maximum entering class size*
- Change in program length, greater than one month

The ARC-PA will review and consider the program changes and any accompanying materials at its next regularly scheduled meeting in March, June or September. Changes submitted on or before **October 1** are considered for the March meeting. Changes submitted on or before **February 1** are considered for the June meeting. Changes submitted on or before **May 15** are considered for the September meeting.

Date Change Submitted	Commission Meeting Agenda for Review & Consideration
May 16th- October 1st	March Commission Meeting
October 2nd-February 1st	June Commission Meeting
February 2nd- May 15th	September Commission Meeting

Programs should plan accordingly to receive approvals within the required time frame. Considering the length of time between submission and review it is recommended that programs begin the approval process one year before a change.

Certain change requests, program progress reports and program responses due to the ARC-PA may be processed through an expedited review. Expedited reviews occur at times other than the March, June and September ARC-PA commission meetings and allow the commission to inform programs about the disposition of their submissions at times throughout the year. The ARC-PA retains the sole discretion in determining which reports are reviewed in the expedited process. Programs may not request an expedited review and should refer to the submission schedule described above.

Adverse Actions & Appeals

The Commission may vote on an adverse action when the capability of the program to provide an acceptable educational experience for its students is threatened. These adverse actions include:

- refusal to consider a program for initial provisional accreditation
- assignment of probationary status
- withholding of accreditation
- withdrawal of accreditation

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification. The ARC-PA Policy **10.8** (Accreditation Actions Subject to Appeal &

Appeal Procedures) provides the detailed policies and procedures to guide programs through the appeal process.

In addition, the Appeal Process Graphic is also available to provide programs a summary and easy reference of the ARC-PA's appeal procedures.

Terms Used in ARC-PA Correspondence to Programs

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 commission'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 commission's review of correspondence from a program notifying the commission of a program change not requiring commission approval. The term is used to inform the program that the commission has received the report. Neither approval nor disapproval is implied.

Approve(d) - A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program requesting a change requiring commission 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.

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.

Receive as information - A term used in official ARC-PA correspondence, most often following the commission'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.*

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.

Warning Letter - 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 is to eliminate errors of fact or clarify ambiguities and misperceptions. Observation responses should succinctly clarify issues raised by the site visit team and 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 catalogs 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 is to 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 is to 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 must serve as a stand-alone document since the

commissioners 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 are to 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 catalogs 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 must 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 if 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 is to 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 required to respond to each citation and may 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 indicate the content of the appendix in its title, i.e., appendix 1 Instructional Objectives. 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 Observations Document letter from the ARC-PA to the program after the visit.

Response: The response is to explain what the program **did at the time of the site visit** to demonstrate compliance with the standard noted and 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 course 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

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

Response: The response must address any questions or specific issues raised by the commission in relation to the individual standard, including how the program has come into compliance. 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 materials that were submitted previously.

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.

Submitted Required Reports and Response to Citations

The program should submit its report by uploading it as a Report Due document type from the program's Portal page. From the Portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard's upper-right corner. For help, click on the "How to Upload" link on the Program Documents page. If the report consists of multiple documents, put all documents in a zip file and upload the zip file.

Required Signatures

All responses to citations and required reports must include a completed signature page. A sample of an actual signature page is found below:

****Completed Statements and Signatures page must be submitted with each report required in this document, otherwise the report will not be accepted.****

The ARC-PA reminds the program to review the *Standards*, in particular Section E, regarding maintenance of accreditation. You will find the *Standards*, an accreditation manual and other helpful information on our web site, www.arc-pa.org.

STATEMENTS AND SIGNATURES

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

Response Submitted by: Click here to enter name **Date:** Click here to enter date

Program Director: Click here to enter name **Date:** Click here to enter date
The name that appears here is deemed an electronic signature.

Chief Administrative Officer of Program's Sponsoring Institution:
As listed in the Program Management Portal
Click here to enter name **Date:** Click here to enter date
The name that appears here is deemed an electronic signature.

****Completed Statements and Signatures page must be submitted with each report required in this document, otherwise the report will not be accepted.****

Workshops & Conferences

The ARC-PA holds a variety of workshops and conferences throughout the year. These events allow attendees to better understand the accreditation process, discuss the interpretation of the accreditation standards and prepare for site visits and accreditation reviews.

Information and registration information are posted on the Events page of our website.

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	Fax: 470.253.8271
Accreditation Services	AccreditationServices@arc-pa.org

STANDARDS GLOSSARY

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

TERM	DEFINITION
ABMS	American Board of Medical Specialties.
Accurately	Free from error.
Active	Having practical operation or results, characterized by action rather than by contemplation or speculation.
Administrative Support (Staff)	Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff do 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 included in the PA curriculum for applicants to the program and/or a waiver of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components at the sponsoring institution.
Analysis	Study of compiled or tabulated data interpreting correlations and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
AOA	American Osteopathic Association
Attrition	A reduction in number. Student attrition: the permanent loss of a matriculated student from the course of study in a physician assistant program. Faculty attrition: the loss of a faculty member from a position assigned to physician assistant program.
Clinical Affiliates	Clinical practice sites used by the program to provide supervised clinical practice experiences for students.
Comparable	Similar but not necessarily identical.
Competencies	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.
Consultant	An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program, principal or instructional faculty or staff.
Course Director	Faculty member primarily responsible for the organization, delivery and evaluation of a course.
Deceleration	The loss of a student from the entering cohort, who remains matriculated in the physician assistant program.
Distant Campus	A campus geographically separate from the main program at which didactic, preclinical or clinical instruction occurs for all or some of the students matriculated to that campus.

TERM	DEFINITION
Distant Education	A formal educational process in which 50% or more of the required content/time/credit hours, excluding supervised clinical practice experiences, may be accrued when the student and instructor/faculty are not in the same physical location at the same time. The interaction may be synchronous or asynchronous.
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs and/or values. The inclusion of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another.
Effectiveness	The degree to which objectives are achieved and the extent to which problems are solved.
Elective Rotation	Supervised clinical practice experiences that may differ by student and which allow students to gain exposure to or deeper understanding of medical specialties related to their clinical or academic areas of interest.
Equity	The implementation of resources that improve or eliminate the remediable differences among diverse groups for all to achieve academic success.
Equivalent	Resulting in the same outcomes or end results.
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help students in achieving goals.
Frequent	Occurring regularly at brief intervals.
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 health care system. This term includes routine clinical or office records, records of care in any health-related setting, preventive care, lifestyle evaluation, research protocols and various clinical databases.
Inclusion	The active, intentional and ongoing engagement with diversity in ways that increase awareness, content knowledge, cognitive sophistication and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and/or clinical phases of the program, regardless of length of time of instruction, faculty status or rank.
Instructional Objectives	Statements that describe observable actions or behaviors the student will be able to demonstrate after completing a unit of instruction.
Interprofessional practice	Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.
Learning Outcomes	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component, course or program.
Maximum Class Size	Maximum potential number of students enrolled for each admission cycle as approved by the ARC-PA.
Medical director	Physician assigned to the PA program and who reports to the program director. The FTE assigned to the medical director is specific to this position/role. Supports the program in ensuring that didactic and clinical instruction meet current practice standards as they relate to the role of the PA in providing patient care.
Must	The term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.

TERM	DEFINITION
NCCPA	National Commission on Certification of Physician Assistants
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
Personal wellness	The quality or state of being in good health especially as an actively sought goal. It includes choices and activities aimed at achieving physical vitality, sense of accomplishment, and personal fulfillment.
Preceptor	Any instructional faculty member who provides student supervision during supervised clinical practice experiences.
Principal Faculty	Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director.
Program Faculty	The program director, medical director, principal faculty and instructional faculty
Prospective Students	Any individuals who have requested information about the program or submitted information to the program.
Published	Presented in written or electronic format.
Readily Available	Made accessible to others in a timely fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.
Recognized Regional Accrediting Agencies	Middle States Commission on Higher Education (MSCHE) New England Commission of Higher Education (NECHE) Higher Learning Commission (HLC) Northwest Commission on Colleges and Universities (NWCCU) Southern Association of Colleges and Schools-Commission on Colleges (SACS COC) Western Association of Schools and Colleges-Accrediting Commission for Community & Junior Colleges (WASC-ACCJC) WASC Senior College & University Commission (WSCUC)
Remediation	The program defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Required Rotation(s)	Rotations which the program requires all students to complete. While an elective rotation may be one of the required rotations, it is not included in this definition.
Rotation	A supervised clinical practice experience for which there are published expected *learning outcomes* and student evaluation mechanisms.
Should	The term used to designate requirements that must be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.)
Student Services	Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid, student health, computing and library resources and access.
Subspecialists	A narrow field of practice within its medical specialty as defined by ABMS and AOA.
Succinctly	Marked by compact, precise expression without wasted words.
Sufficient	Enough to meet the needs of a situation or proposed end.
Summative Evaluation	An assessment of the learner conducted by the program to ensure that the learner has the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. This evaluation must consist of more than a listing and review of student outcomes otherwise obtained in the course of the program.
Supervised Clinical Practice Experiences	Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management

TERM	DEFINITION
Teaching Out	Allowing students already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited program in which they can continue their education.
Technical Standards	Nonacademic 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.
United States	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. A program may satisfy the requirement of *supervised clinical practice experiences* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.