



**Accreditation Standards for  
PA Education<sup>©</sup>**

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These *Standards* were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005, 2010 and 2019. ARC-PA commissioners include individuals nominated from the collaborating organizations of the ARC-PA which include:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association

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

## **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.

## **INTRODUCTION**

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.

## **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.

## SECTION A: ADMINISTRATION

### INTRODUCTION

The administrative operation of a PA program involves collaboration between the faculty and administrative staff of the program and the sponsoring institution. The program *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 as well as 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.

### **A1 SPONSORSHIP**

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

### Institution Responsibilities

A1.02 The sponsoring institution is responsible for:

- a) supporting the planning by *program faculty* of curriculum design, course selection, and program assessment,
- b) hiring faculty and staff,
- c) ensuring effective program leadership,
- d) complying with ARC-PA accreditation *Standards* and policies,
- e) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,
- f) ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,
- g) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,
- 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,
- i) defining, publishing, making *readily available* and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,
- j) defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for processing student allegations of harassment, and

- k) defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for refunds of tuition and fees.
- 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.
- 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.
- 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*.

### Institution Resources

- A1.06 The sponsoring institution *must* provide the program with *sufficient* financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students.
- 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.
- 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.
- 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.
- 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*.
- A1.11 The sponsoring institution *must*, in a manner consistent with its own mission and applicable laws demonstrate a commitment to student, faculty and staff *diversity, equity, and inclusion* by:
- a) supporting the program in having a documented action plan for *diversity, equity and inclusion*,
  - 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*.

## **A2 PROGRAM PERSONNEL**

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

### Program Faculty

A2.02 The program *must* have:

- a) *program faculty* that include the program director, *principal faculty*, *medical director*, and *instructional faculty*, and
- b) at least three FTE *principal faculty*, 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.

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

A2.05 *Principal faculty* and the program director *must* be responsible for, and actively participate in the processes of:

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

### Program Director

A2.06 The program director *must* be a PA<sup>1</sup>.

- a) The program director *must* possess at least three years of full-time higher education experience at the time of appointment.<sup>2</sup>
- 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.

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

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

<sup>2</sup> 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.



- A2.08 The program director *must* provide effective leadership by exhibiting:
- responsiveness to issues related to personnel,
  - strong communication skills, and
  - proactive problem solving.
- A2.09 The program director *must* be knowledgeable about and responsible for:
- program organization,
  - program administration,
  - fiscal management of the program,
  - continuous programmatic review and *analysis*,
  - program planning,
  - program development,
  - completion of ARC-PA required documents, and
  - adherence to the *Standards* and ARC-PA policies.
- A2.10 The program director *must* supervise the *medical director, principal and instructional faculty* and staff in activities that directly relate to the PA program.

#### Medical Director

- A2.11 The *medical director must* be:
- a currently licensed allopathic or osteopathic physician<sup>3</sup> and
  - certified by an ABMS- or AOA-approved specialty board.<sup>4</sup>
- 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.

#### Instructional Faculty

- A2.13 *Instructional faculty must* be:
- qualified through academic preparation and/or experience to teach assigned subjects and
  - knowledgeable in course content and effective in teaching assigned subjects.
- A2.14 In addition to the *principal faculty*, there *must* be *sufficient didactic instructional faculty* to provide students with the necessary attention and instruction to acquire the knowledge, skills, and *competencies* required for entry into the profession.
- A2.15 The program *should* not rely primarily on resident physicians for didactic instruction.

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<sup>3</sup> *Medical directors* appointed before 3/1/06 should have their current licensure in the state in which the program exists.

<sup>4</sup> *Medical directors* appointed before 3/1/06 should be board certified, those appointed on or after 3/1/06 must be board certified.

- A2.16 All *instructional faculty* actively serving as *supervised clinical practice experience preceptors* must hold a valid license to practice at the clinical site.
- b) (rescinded effective 3.2022)
  - c) (moved to A2.17b, effective 3.2022)
- 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.

### Administrative Support Staff

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

## **A3 OPERATIONS**

### Policies

- 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.
- A3.02 The program *must* define, publish, make *readily available* and consistently apply its policies and practices to all students.
- 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*.
- 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.
- 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*.
- 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.
- 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.
  - 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 policies *must*:
- a) address methods of prevention,
  - b) address procedures for care and treatment after exposure, and
  - c) clearly define financial responsibility.
- 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.
- 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.

#### Fair Practices and Admissions

- A3.11 The sponsoring institution and program's announcements and advertising *must accurately* reflect the program offered.
- 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,
  - b) evidence of its *effectiveness* in meeting its *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,
  - d) all required curricular components including *required rotation* disciplines,
  - e) academic credit offered by the program,
  - f) estimates of all costs (tuition, fees, etc.) related to the program,
  - g) program required *competencies* for entry level practice, consistent with the competencies as defined by 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
  - i) the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year.
- 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),
  - b) admission requirements regarding prior education or work experience,
  - c) practices for awarding or granting *advanced placement*,
  - d) any required academic standards for enrollment, and

- 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.
- A3.15 The program *must* define, publish, consistently apply and make *readily available* to students upon admission:
- 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 student grievances and appeals.
- 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.

### Student Records

- 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.
- 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.
- 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.

### Faculty Records

- A3.20 Faculty records, including program director, *medical director* and *principal faculty* must include:
- current job descriptions that include duties and responsibilities specific to each faculty member, and
  - current curriculum vitae.
- A3.21 Program records *must* include a current curriculum vitae for each *course director*.

## **SECTION B: CURRICULUM AND INSTRUCTION**

### 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**

- B1.01 The curriculum *must*:
- be consistent with the mission and *goals* of the program,
  - be consistent with program *competencies*,
  - include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and
  - be of *sufficient* breadth and depth to prepare the student for the clinical practice of medicine.

- B1.02 The curriculum design *must* reflect content and course sequencing that builds 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.
- 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.

**B2 DIDACTIC INSTRUCTION**

- B2.01 While programs may require specific course(s) as prerequisites to enrollment, those prerequisites *must* not substitute for more advanced applied content within the professional component of the program.
- B2.02 The 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, and
  - e) the genetic and molecular mechanisms of health and disease.
- B2.03 The curriculum *must* include instruction in clinical medicine covering all organ systems.
- B2.04 The curriculum *must* include instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals.
- B2.05 The curriculum *must* include instruction related to the development of clinical reasoning and problem-solving abilities.

- B2.06 The curriculum *must* include instruction to prepare students to provide medical care to patients with consideration for:
- disability status or special health care needs,
  - ethnicity/race,
  - gender identity,
  - religion/spirituality,
  - sexual orientation, and
  - social determinants of health.
- 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:
- interviewing and eliciting a medical history,
  - performing complete and focused physical examinations,
  - generating differential diagnoses,
  - ordering and interpreting diagnostic studies,
  - patient management including acute and chronic care plans, and
  - patient education and referral.
- B2.08 The curriculum *must* include instruction in:
- the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,
  - preventive, emergent, acute, chronic, and rehabilitative patient encounters,
  - pre-, intra-, and post-operative care,
  - psychiatric/behavioral conditions, and
  - palliative and end-of-life care.
- B2.09 The curriculum *must* include instruction in clinical and technical skills including procedures based on current professional practice.
- B2.10 The curriculum *must* prepare students to work collaboratively in *interprofessional* patient centered teams. Instruction *must*:
- include content on the roles and responsibilities of various health care professionals,
  - emphasize the team approach to patient centered care beyond the traditional physician-PA team approach, and
  - 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:
- death, dying and loss,
  - human sexuality,
  - normal and abnormal development across the life span,
  - patient response to illness or injury,
  - patient response to stress,
  - substance use disorders, and
  - violence identification and prevention.
- 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.
- 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,
  - 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.
- 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.
- B2.16 The curriculum *must* include instruction in:
- a) patient safety,
  - b) prevention of medical errors,
  - c) quality improvement, and
  - d) risk management.
- 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,
  - 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 curriculum *must* include instruction in the principles and practice of medical ethics.
- B2.19 The curriculum *must* include instruction in:
- a) intellectual honesty,
  - b) academic integrity, and
  - c) professional conduct.



- B2.20 The curriculum *must* include instruction about provider *personal wellness* including prevention of:
- a) impairment and
  - b) burnout.

**B3 SUPERVISED CLINICAL PRACTICE EXPERIENCE INSTRUCTION**

- 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*.
- B3.02 Clinical sites and *preceptors* located outside of the *United States* *must* only be used for *elective rotations*.
- 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.
- B3.04 *Supervised clinical practice experiences* *must* occur in the following settings:
- a) emergency department,
  - b) inpatient,
  - c) outpatient, and
  - d) operating room.
- B3.05 *Instructional faculty* for the *supervised clinical practice* portion of the educational program *must* consist primarily of practicing physicians and PAs.
- 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.
- 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.

#### **B4 ASSESSMENT OF STUDENT LEARNING**

- 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
  - b) allow the program to identify and address any student deficiencies in a *timely* manner
- 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.
- B4.04 The program *must* document equivalency of student evaluation methods and outcomes when instruction is:
- a) conducted at geographically separate locations and/or
  - b) provided by different pedagogical and instructional methods or techniques for some students.

### **SECTION C: EVALUATION**

#### INTRODUCTION

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 5<sup>th</sup> 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**

- 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,
  - f) *sufficiency* and *effectiveness* of *principal and instructional faculty* and staff, and
  - g) success in meeting the program's *goals*.
- C1.02 The program *must* implement its ongoing self-assessment process by:
- a) conducting data collection,
  - b) performing critical *analysis* of data, and
  - c) applying the results leading to conclusions that identify:
    - i. program strengths,
    - ii. program areas in need of improvement, and
    - iii. action plans.
- 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 *must* follow the guidelines provided by the ARC-PA.

## **C2 CLINICAL SITE EVALUATION**

- 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.

## **SECTION D: PROVISIONAL ACCREDITATION**

### INTRODUCTION

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

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

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a program. The process involves a thorough review of the planning, organization, evaluation and

proposed/actual content of a program that is in the advanced planning stages. The program is eligible to continue its accreditation status of Accreditation-Provisional with subsequent evaluations and commission reviews as defined in ARC-PA policies and processes. After successfully completing the multi-year provisional accreditation process, the program is eligible for the status of Accreditation-Continued.

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

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

## **D1 PROVISIONAL ACCREDITATION REQUIREMENTS**

Programs applying for provisional accreditation *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, to 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.

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 site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda.
- b) A *medical director* appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.
- c) 2.0 FTE PA-C *principal faculty* and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit.
- d) A chief administrative officer or designee assigned to be responsible for the development of the program.

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.

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.

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,
- e) *learning outcomes and instructional objectives*,
- f) faculty instructor of record if known,
- g) methods of student assessment/evaluation, and
- h) plan for grading.

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*.

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

## **SECTION E: ACCREDITATION MAINTENANCE**

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**

- E1.01 The program *must* inform the ARC-PA within 30 days of the date of notification of any:
- a) change in the accrediting agency for the sponsoring institution, or
  - b) adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional accrediting agency.
- E1.02 The program *must* agree to and cooperate with periodic comprehensive and/or focused reviews of the program by the ARC-PA. Such reviews may include a site visit, which are scheduled as determined by the ARC-PA.
- E1.03 The program *must* submit reports or documents as required by the ARC-PA.
- E1.04 The program *must* inform the ARC-PA in writing, 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.
- 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.

- E1.06 An interim program director (IPD) *must* meet the qualifications of the program director.
- E1.07 The appointment of the IPD position *must*:
- a) occur within five business days of the vacancy caused by the resignation/termination of the program director, and
  - b) not exceed 12 months.
- 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.
- 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.
- E1.10 The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes 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.
- E1.12 The sponsoring institution *must* inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.
- E1.13 The program and the sponsoring institution *must* pay ARC-PA accreditation and associated fees as determined by the ARC-PA.

## GLOSSARY

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

TERM	DEFINITION
<b>ABMS</b>	American Board of Medical Specialties.
<b>Accurately</b>	Free from error.
<b>Active</b>	Having practical operation or results, characterized by action rather than by contemplation or speculation.
<b>Administrative Support (Staff)</b>	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.
<b>Advanced Placement</b>	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.
<b>Analysis</b>	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.
<b>AOA</b>	American Osteopathic Association
<b>Attrition</b>	<p>A reduction in number.</p> <p>Student attrition: the permanent loss of a matriculated student from the course of study in a physician assistant program.</p> <p>Faculty attrition: the loss of a faculty member from a position assigned to physician assistant program.</p>
<b>Clinical Affiliates</b>	Clinical practice sites used by the program to provide supervised clinical practice experiences for students.
<b>Comparable</b>	Similar but not necessarily identical.
<b>Competencies</b>	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.
<b>Consultant</b>	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.
<b>Course Director</b>	Faculty member primarily responsible for the organization, delivery and evaluation of a course.
<b>Deceleration</b>	The loss of a student from the entering cohort, who remains matriculated in the physician assistant program.
<b>Distant Campus</b>	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.
<b>Distant Education</b>	A formal educational process in which 50% or more of the required content/time/credit hours, excluding supervised clinical practice experiences, may

TERM	DEFINITION
	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.
<b>Diversity</b>	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.
<b>Effectiveness</b>	The degree to which objectives are achieved and the extent to which problems are solved.
<b>Elective Rotation</b>	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.
<b>Equity</b>	The implementation of resources, consistent with applicable law, that address the remediable differences among diverse groups for all to achieve academic success.
<b>Equivalent</b>	Resulting in the same outcomes or end results.
<b>Formative Evaluation</b>	Intermediate or continuous evaluation that may include feedback to help students in achieving goals.
<b>Frequent</b>	Occurring regularly at brief intervals.
<b>Goals</b>	The end toward which effort is directed.
<b>Health record(s)</b>	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.
<b>Inclusion</b>	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.
<b>Instructional Faculty</b>	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 who are not already classified in ARC-PA terms as principal faculty, program director, or medical director.
<b>Instructional Objectives</b>	Statements that describe observable actions or behaviors the student will be able to demonstrate after completing a unit of instruction.
<b>Interprofessional practice</b>	Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.
<b>Learning Outcomes</b>	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.
<b>Maximum Class Size</b>	Maximum potential number of students enrolled for each admission cycle as approved by the ARC-PA.
<b>Medical director</b>	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.
<b>Must</b>	The term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
<b>NCCPA</b>	National Commission on Certification of Physician Assistants



TERM	DEFINITION
<b>PANCE</b>	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
<b>Personal wellness</b>	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.
<b>Preceptor</b>	Any instructional faculty member who provides student supervision during supervised clinical practice experiences.
<b>Principal Faculty</b>	Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director.
<b>Program Faculty</b>	The program director, medical director, principal faculty and instructional faculty
<b>Prospective Students</b>	Any member of the general public who is seeking information about the program.
<b>Published</b>	Presented in written or electronic format.
<b>Readily Available</b>	Made accessible to others in a timely fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.
<b>Recognized Regional Accrediting Agencies</b>	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)
<b>Remediation</b>	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.
<b>Required Rotation(s)</b>	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.
<b>Rotation</b>	A supervised clinical practice experience for which there are published expected <i>learning outcomes</i> and student evaluation mechanisms.
<b>Should</b>	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'.
<b>Student Services</b>	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.
<b>Subspecialists</b>	A narrow field of practice within its medical specialty as defined by ABMS and AOA.
<b>Succinctly</b>	Marked by compact, precise expression without wasted words.
<b>Sufficient</b>	Enough to meet the needs of a situation or proposed end.
<b>Summative Evaluation</b>	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.
<b>Supervised Clinical Practice Experiences</b>	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
<b>Teaching Out</b>	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.

TERM	DEFINITION
<b>Technical Standards</b>	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.
<b>Timely</b>	Without undue delay; as soon as feasible after giving considered deliberation.
<b>United States</b>	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 <i>supervised clinical practice experiences</i> through medical facilities located in the <i>United States</i> and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.