Navigating the ARC-PA Complaint Process and Leveraging Findings for Program Improvements

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INTRODUCTION

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that defines the Standards for PA education and evaluation of PA educational programs within the territorial United States to ensure compliance with those standards.[1] The mission of the ARC-PA is to protect the interests of the public and the PA profession. Within the scope of the ARC-PA is to evaluate concerns that include facts or allegations regarding program compliance with policies and/or *Standards*.[2]

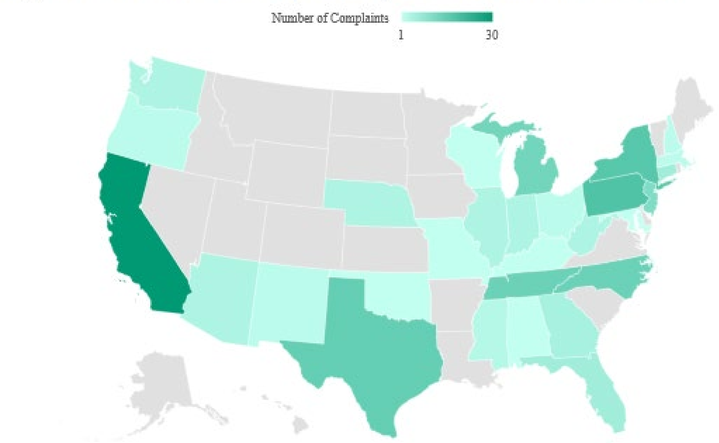
The ARC-PA follows its process for evaluating every concern related to a policy or procedure, submitted in writing and signed, and protects the confidentiality of individuals, information, and the results of the investigation of concerns. The ARC-PA procedures provide the program with an opportunity to respond to the concern submitted, and the ARC-PA may share the complaint after obtaining consent from the complainant (Figure 1).[3]

OBJECTIVES

1. Describe the ARC-PA Complaint Review Workflow and Key Process Milestones.
2. Analyze Complaint Characteristics and Standards Identified.
3. Leverage study findings to proactively identify opportunities for program improvement.

Figure 1. Complaint Workflow

Figure 2. Number of Complaints by State from 2022 – 2025



METHODS

Complaint data submitted to the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) between January 2022 and December 2025 were extracted from the ARC-PA complaints tracking repository and subjected to retrospective review. The unit of analysis comprised individual complaints associated with accredited entry-level PA programs receiving one or more complaints during the study period. No complaints were excluded from analysis.

When accreditation Standards were not clearly identified in the complaint submission, ARC-PA staff conducted a review to determine if a Standard from the complaint narrative could be established. If a relevant Standard was identified, the complaint proceeded through the established ARC-PA review process for further evaluation of potential noncompliance.

Complaints were administratively closed when no identifiable Standard could be determined, the submitting party was anonymous, and adequate supporting documentation was unavailable or unobtainable.

Descriptive statistics, including absolute frequencies, relative percentages, and arithmetic means, were calculated using Microsoft Excel (Microsoft Corporation, Redmond, WA). No inferential statistical analyses were employed. This study was conducted as an internal accreditation quality assurance and process evaluation activity and was therefore exempt from institutional review board oversight.

Table 1. Top Accreditation Standards Identified in Complaints
n = 82 complaints, n = 52 programs

ARC-PA 5th Edition Standard – Definition	Complaints, n	Programs, n
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.	21	15
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.	20	16
A2.08a/b - The program director *must* provide effective leadership by exhibiting: **a)** responsiveness to issues related to personnel, **b)** strong communication skills	19	8
B4.01a/b 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	16	10
A2.09b The program director *must* be knowledgeable about and responsible for: **b)** program administration,	14	10
A3.15c The program *must* define, publish, consistently apply and make *readily available* to students upon admission: **c)** policies and procedures for *remediation and deceleration*,	13	7
A1.02b/c The sponsoring institution is responsible for: **b)** hiring faculty and *staff*, **c)** ensuring effective program leadership,	12	10

DISCUSSION

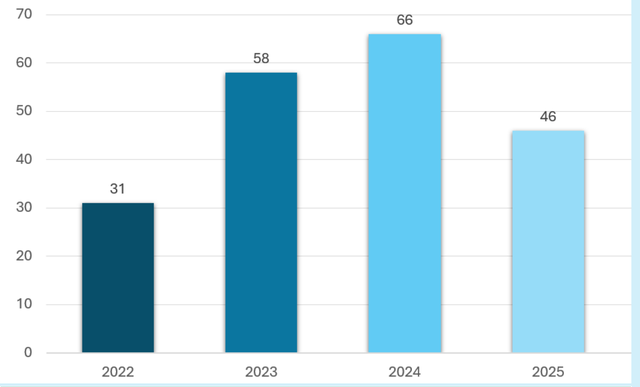
From January 2022 through December 2025, the ARC-PA received 201 complaints, with 2024 having the most at 66. The media number of complaints per year was 52 (Figure 3). These complaints represented 29 states. Of these, eight (8) states represented 66% (n=132) of the complaints (Figure 2). States with the largest number of complaints were also states with the largest number of PA programs over the same time period.

Most complaints did not contain sufficient details regarding the Standards and a program's compliance with them, or were not within the purview of the ARC-PA. For example, Title VII complaints are not within the jurisdiction of the ARC-PA. Out of the 201 complaints received between 2022 and 2025, 119 were resolved without review by the Executive Committee of the Commission.

Of the 201 complaints received, 82 had identifiable standards, representing 52 programs (Table 1). Review of the 82 complaints with standards demonstrated that 75% clustered around A Standard themes, including sponsoring institution support and program compliance with sufficient faculty and staff (A1.07/A2.03/A1.02b) and effective leadership (A2.08/A2.09/A1.02c). Of the remaining complaints, B Standards were identified in 19% of complaints, specifically B4.01a and b. The B4.01a and b standards address didactic and clinical curriculum issues, including aligning what is expected and taught and identifying and addressing student deficiencies in a timely manner. These findings are consistent with the most common B standards citations across all entry-level PA programs in 2023.[4]

Importantly, most complaints were resolved without escalation to formal Commission action. Only two complaints required review at a Commission meeting, and only four resulted in site visits to PA programs. These findings suggest that most complaints are effectively addressed through existing ARC-PA review processes, institutional communication, and corrective action at the program level without necessitating elevated accreditation intervention.

Figure 3. Number of Complaints per Year
n = 201 complaints



SUMMARY/CONCLUSIONS

Review of ARC-PA complaint data from 2022-2025 demonstrates that while a significant number of complaints are submitted annually, the majority do not result in formal escalation or significant accreditation action. Most complaints are resolved early in the process, often due to insufficient detail, lack of clear linkage to Standards, or issues falling outside ARC-PA jurisdiction. Only a small proportion of complaints progress to Executive Committee review, Commission consideration, or site visits.

Importantly, complaints that do identify relevant Standards consistently highlight systemic areas of vulnerability within PA programs, particularly those related to institutional support, faculty sufficiency, and program leadership. These findings may reinforce the need for programs to proactively strengthen these domains to mitigate risk and enhance compliance. Additionally, the data suggest an opportunity for improved stakeholder education on the complaint process, emphasizing the necessity of clearly documented Standards violations. Leveraging these insights can support continuous quality improvement efforts and promote greater alignment with accreditation expectations across PA programs.

REFERENCES

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2. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education, 5th Edition, June 2024
3. ARC-PA Accreditation Review Commission on Education for the Physician Assistant, Inc. ARC-PA Policies, Initially Adopted: 01.01.2001, Review/Revision History: 03.05.2011, 09.10.2011, 03.08.2013, 06.25.2021, Cross-referenced to: Policy 5.1
4. Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), Annual Report Publication. Suwanee, GA. ARC-PA; 2023.

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