Accreditation Standards for

Physician Assistant Education©

Fourth edition

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Clarifications 7/2010, 10/2011, 9/2012, 12/2012, 9/2013, 9/2014

With clarifying changes to footnote #2 in Eligibility section and to A2.06 (footnote #3), 7/2010;
All conditional footnotes removed from Eligibility section 9/6/2013
All conditional footnotes removed from A2.06 (9.2014)

Annotation additions or edits to A2.16, A3.21, B1.04, B3.02, C3.01, C3.04, E1.09f, 10/5/2011; and to
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ARC-PA *STANDARDS*
TABLE OF CONTENTS

These *Standards* were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005 and 2010. 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 (ARC-PA) will confer or deny program accreditation.

INTRODUCTION

The collaborating organizations cooperate with the ARC-PA to establish, maintain and promote appropriate standards of quality for entry level education of 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.

Physician assistants are academically and clinically prepared to practice medicine with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is focused on patient care and may include educational, research and administrative activities.

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 it 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 used to enable studen*ts* to achieve program *goals* and student *learning outcomes*.   Mastery of *learning outcomes* 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 higher level of academic rigor into their programs and award an appropriate masters 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 *should* be provided in a manner that promotes interprofessional education and practice.

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

Programs accredited prior to 2013 that do not currently offer a graduate degree *must* transition to conferring a graduate degree, which *should* be awarded by the sponsoring institution, upon all PA students who matriculate into the program after 2020.

Institutions planning to develop a program and apply for provisional accreditation which do 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. It includes a comprehensive review of the program relative to the *Standards* and it the responsibility of the PA program to demonstrate its compliance with the *Standards*. Accreditation decisions are based on the ARC-PA's evaluation of information contained in the accreditation application, the report of site visit evaluation teams, any additional requested reports or documents submitted to the ARC-PA by the program and the program accreditation history.

STANDARDS FORMAT

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

NOTES: 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.

SECTION A: ADMINISTRATION

<u>INTRODUCTION</u>

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

A1   SPONSORSHIP

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

A1.02   There *must* be written and signed agreements between the PA program and/or sponsoring institution and the *clinical affiliates* used for *supervised clinical practice experiences* that define the responsibilities of each party related to the educational program for student*s*.

ANNOTATION: Agreements typically specify whose policies govern and document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and 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 clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

<u>Institution Responsibilities</u>

A1.03   The sponsoring institution is responsible for:
a) supporting the planning by *program faculty* of curriculum design, course selection and program assessment,
b) hiring faculty and staff,
c) complying with ARC-PA accreditation *Standards* and policies,
d) permanently maintaining student transcripts,
e) conferring the credential and/or academic degree which documents satisfactory completion of the educational program,
f) ensuring that all PA personnel and student policies are consistent with federal and state statutes, rules and regulations,
g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs and
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.

A1.04   The sponsoring institution *must* provide the opportunity for continuing professional development of the program director and *principal faculty* by supporting the development of their clinical, teaching, scholarly and administrative skills.

ANNOTATION: Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities. The types of opportunities supported by institutions vary and may include supporting the PA *principal faculty* members in maintaining their *NCCPA* certification status, funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for clinical practice, time for research/scholarly activities, time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and fees related to certification maintenance and/or time needed for review and study.

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

ANNOTATION: Academic *student services* typically include academic advising, tutoring, career services, financial aid, computing and library.

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

ANNOTATION: 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 *instructional 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.

Institution Resources

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

A1.08   The sponsoring institution *must* provide the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students.

ANNOTATION: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities such as maintaining records and processing admission applications. They include *sufficient administrative* and technical *support staff* to support faculty in accomplishing their assigned tasks. Student-workers may be used, but do not substitute for *administrative* and technical *support staff*.

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

ANNOTATION: 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.

A1.10   The sponsoring institution *must* provide the program with the academic resources needed by the program, staff and students to operate the educational program and to fulfill obligations to matriculating and enrolled students.

ANNOTATION: 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.

A1.11   The sponsoring institution *must* support the program in securing clinical sites and *preceptors* in *sufficient* numbers for program-required clinical practice experiences.

A2   PROGRAM PERSONNEL

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

Program Faculty

A2.02   The program *must* have *program faculty* that include the program director, medical director and at least three FTE *principal faculty* positions and *instructional faculty*.

ANNOTATION: The medical director may be considered as one of the three FTE *principal faculty* if the medical director is assigned to the program at 0.6 FTE or greater.

a)   The program director *must* be assigned to the program on a 12 month full time basis. At least 80% of that time *should* be devoted to academic and administrative responsibilities in support of the program.

ANNOTATION: Program directors often hold other leadership roles within the institution or spend non program time in clinical practice or research.

b)   Two FTE *principal faculty* positions *must* be filled by PA faculty who currently are *NCCPA*-certified.

ANNOTATION: If counted as *principal faculty*, the medical director does not substitute for currently certified PA principal faculty.

A2.03   *Principal faculty must* be *sufficient* in number to meet the academic needs of enrolled students.

ANNOTATION: The number of *principal faculty* may need to exceed the 3.0 FTE minimum in order to accommodate student needs in larger programs and, depending upon the academic and administrative complexity of the program and responsibilities assigned to faculty within 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* actively participate in the processes of:

ANNOTATION: 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.

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

Program Director

A2.06   The program director *must* be a PA or a physician.
   a) If the program director is a PA, s/he *must* hold current *NCCPA* certification.
   b) If the program director is a physician, s/he *must* hold current licensure as an allopathic or osteopathic physician in the state in which the program exists and *must* be certified by an *ABMS-* or *AOA*-approved specialty board.

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

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

A2.09   The program director *must* be knowledgeable about and responsible for program:
   a) organization,
   b) administration,
   c) fiscal management,
   d) continuous review and *analysis*,
   e) planning,
   f) development and
   g) participation in the accreditation process.

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

Medical Director

A2.11   The medical director *must* be:
a)   a currently licensed allopathic or osteopathic physician[1] and
b)   certified by an *ABMS*- or *AOA*-approved specialty board.[2]

A2.12   The medical director *must* be an active participant in the program.

ANNOTATION: The medical director supports the program director in insuring 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 may be actively involved in developing the mission statement for the program; providing instruction; evaluating student performance; designing, implementing, coordinating and evaluating curriculum and evaluating the program.

Instructional Faculty

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

ANNOTATION: *Instructional faculty* include more than physician assistants. They include individuals with advanced degrees, experience or previous academic background in a field or discipline.

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

ANNOTATION: *Instructional faculty* participate in the evaluation of student performance and in the identification of students who are not achieving course and program *learning outcomes*.

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

A2.16   All *instructional faculty* serving as *supervised clinical practice experience preceptors must* hold a valid license that allows them to practice at the clinical site.

ANNOTATION: It is the program's responsibility to verify that the instructional faculty hold valid licenses. Simply indicating that there is an affiliation agreement or memorandum with the sites used for supervised clinical practice experiences is not verification that individuals hold valid licenses to practice. The program need not investigate the licensure if they can produce a

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

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*, there *must* be an *instructional faculty* member designated by the program to assess and supervise the student's progress in achieving *learning outcomes*.

ANNOTATION: The program is expected to inform students at each location which *instructional faculty* member is serving in this role for the location and how to contact this faculty member.

Administrative Support Staff

A2.18   There *must* be at least a 1.0 FTE position, which *should* be dedicated exclusively to the program, to provide *administrative support* for the program.

ANNOTATION: This position may be occupied by more than one person. The person(s) assigned to this position 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. Students who may be assigned to the program as student-workers are not counted in the minimum 1.0 FTE.

A3   **OPERATIONS**

Policies

A3.01   Program policies *must* apply to all students, *principal faculty* and the program director regardless of location.

ANNOTATION: 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* inform students of program policies and practices.

A3.03   Students *must* not be required to provide or solicit clinical sites or *preceptors*. The program *must* coordinate clinical sites and *preceptors* for program *required rotations*.

ANNOTATION: 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 are not required to do so. Student suggested sites and *preceptors* are to be reviewed, evaluated and approved for educational suitability by the program.

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

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

ANNOTATION: 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.

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

A3.07   The program *must* have and implement a policy on immunization of students and such policy *must* be based on current Centers for Disease Control recommendations for health professionals.

ANNOTATION: Programs offering *rotations* at international sites are expected to have policies that include information on CDC recommendations for international travel.

A3.08   The program *must* inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

ANNOTATION: Policies related to infectious and environmental hazards are expected to address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities.

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

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

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

A3.12   The program *must* define, publish and make *readily available* to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment.

ANNOTATION: If the program has policies related to grievances and harassment in addition to those of the institution, the program is expected to document these and make them *readily available* to faculty.

Fair Practices and Admissions

A3.13   The program announcements and advertising *must accurately* reflect the program offered.

ANNOTATION: Institutions and programs are responsible for providing clear and credible information to stake holders about all dimensions of the program.

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

ANNOTATION: The program may supplement the general program information below with concise and factually accurate evidence of the soundness of its operation and its overall effectiveness in meeting its mission. Examples of information may include graduation rates, job placement rates and *attrition* rates.

a)   the program's ARC-PA accreditation status,

ANNOTATION: The program is expected to post on its web site the accreditation status statement provided the program by the ARC-PA.

b)   the success of the program in achieving its *goals*,

c)   first time *PANCE* rates for the five most recent graduating classes,

ANNOTATION: The program is expected to publish on its web site the *PANCE* performance data of its graduates by publishing the *NCCPA PANCE* Pass Rate Summary Report, as provided by the NCCPA through its program portal, of the most recent five-year first time graduate performance. The program is expected to update this performance data in a *timely* manner.

d)   all required curricular components,
e)   academic credit offered by the program,
f)   estimates of all costs (tuition, fees, etc.) related to the program,
g)   policies and procedures for refunds of tuition and fees and
h)   policies about student employment while enrolled in the program.

A3.15   The program *must* define, publish and make *readily available* to *prospective students* admission related information to include:
a)   admission and enrollment practices that favor specified individuals or groups (if applicable),
b)   admission requirements regarding prior education or work experience,
c)   policies and procedures concerning awarding or granting *advanced placement*,
d)   any required academic standards for enrollment and
e)   any required *technical standards* for enrollment.

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

A3.17   The program *must* define, publish and make *readily available* to students upon admission academic performance and progression information to include:
a)   any required academic standards,
b)   completion deadlines/requirements related to curricular components,
c)   requirements for progression in and completion of the program,
d)   policies and procedures for processing student grievances,
e)   policies and procedures for withdrawal and dismissal,
f)   policies and procedures for *remediation* and *deceleration* and
g)   policies and procedures for processing allegations of harassment.

A3.18   Programs granting *advanced placement must* document within each student's file that those
        students receiving *advanced placement* have:
        a) met program defined criteria for such placement,
        b) met institution defined criteria for such placement and
        c) demonstrated appropriate *competencies* for the curricular components in which *advanced
            placement* is given.

Student Records

A3.19   Student files kept by the program *must* include documentation:

        ANNOTATION: Files kept by the program may be kept in paper or electronic format and need
        not be physically located in the program offices. If not located in the program offices, they are
        to be accessible by appropriate program personnel. File documents must be able to be copied
        for distribution for others with need and authority to access the files.

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

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

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

        ANNOTATION: The ARC-PA does not consider needle stick/sharp reports, results of drug
        screening, or criminal background checks, a part of the health record.

Faculty Records

A3.22   *Principal faculty* records *must* include:
        a) current job descriptions that include duties and responsibilities specific to each *principal
            faculty* member and
        b) current curriculum vitae.

A3.23   The program *must* have current curriculum vitae for each *course director*.

SECTION B: CURRICULUM AND INSTRUCTION

INTRODUCTION

The program curriculum prepares students to provide patient centered care and collegially work in physician-PA teams in an interprofessional team environment. The curriculum establishes a strong foundation in health information technology and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of clinical practice.

Section B addresses all aspects of the curriculum. The professional curriculum for PA education includes applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues. Issues relating to individual professional responsibility and working in the health care delivery system are included in the clinical preparatory section of this *Standards* section and apply to supervised clinical practice settings in the clinical curriculum.

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

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

B1   CURRICULUM

B1.01   The curriculum *must* be consistent with the mission and *goals* of the program.

B1.02   The curriculum *must* include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

B1.03   The curriculum *must* be of *sufficient* breadth and depth to prepare the student for the clinical practice of medicine.

B1.04   The curriculum design *must* reflect sequencing that enables students to develop the *competencies* necessary for current and evolving clinical practice.

ANNOTATION: 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.

B1.05   The curriculum *must* include instruction about intellectual honesty and appropriate academic and professional conduct.

B1.06   The curriculum *must* include instruction to prepare students to provide medical care to patients from diverse populations.

ANNOTATION: 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, compliance and health outcomes.

B1.07 The curriculum *must* include instruction related to the development of problem solving and medical decision-making skills.

B1.08 The curriculum *must* include instruction to prepare students to work collaboratively in interprofessional patient centered teams.

ANNOTATION: Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of *interprofessional practice* and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.

B1.09 For each didactic and clinical course, the program *must* define and publish *instructional objectives* that guide student acquisition of required *competencies*.

ANNOTATION: *Instructional objectives* stated in measurable terms allow assessment of student progress in developing the *competencies* required for entry into practice. They address learning expectations of students and the level of student performance required for success.

B1.10 The program *should* orient *instructional faculty* to the specific *learning outcomes* it requires of students.

ANNOTATION: Program and *principal faculty* need to work collaboratively with *instructional faculty* in designing courses with appropriate *learning outcomes* and student assessment tools that reflect the *learning outcomes* expected of students.

B1.11 The program *must* ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:
a) conducted at geographically separate locations and/or
b) provided by different pedagogical and instructional methods or techniques for some students.

B2   CLINICAL PREPARATORY INSTRUCTION

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

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

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

B2.03   The program curriculum *must* include instruction in clinical medicine covering all organ systems.

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

B2.05   The program curriculum *must* include instruction in patient evaluation, diagnosis and management.

        ANNOTATION: Instruction in patient assessment and management includes caring for patients of all ages from initial presentation through ongoing follow-up. It includes instruction in interviewing and eliciting a medical history; performing complete and focused physical examinations; generating differential diagnoses; and ordering and interpreting diagnostic studies. Patient management instruction addresses acute and longitudinal management. Instruction related to treatment plans is patient centered and inclusive, addressing medical issues, patient education and referral.

B2.06   The program curriculum *must* include instruction in the provision of clinical medical care across the life span.

        ANNOTATION: Preclinical instruction prepares PAs to provide preventive, emergent, acute, chronic, rehabilitative, palliative and end-of-life care. It includes content relevant to prenatal, infant, children, adolescent, adult and elderly populations.

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

B2.08   The program curriculum *must* include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span.

        ANNOTATION: Social and behavioral sciences prepare students for primary care practice. Instruction includes detection and treatment of substance abuse; human sexuality; issues of death, dying and loss; response to illness, injury and stress; principles of violence identification and prevention; and psychiatric/behavioral conditions.

B2.09   The program curriculum *must* include instruction in basic counseling and patient education skills.

        ANNOTATION: Instruction in counseling and patient education skills is patient centered, culturally sensitive and focused on helping patients cope with illness, injury and stress, adhere to prescribed treatment plans and modify their behaviors to more healthful patterns.

B2.10   The program curriculum *must* include instruction to prepare students to search, interpret and evaluate the medical literature, including its application to individualized patient care.

ANNOTATION: This instruction assists students in maintaining a critical, current and operational knowledge of new medical findings required for the prevention and treatment of disease. Instruction often includes topics such as framing of research questions, sampling methods, interpretation of basic biostatistical methods, and the limits of medical research. The use of common medical databases to access medical literature is also included.

B2.11   The program curriculum *must* include instruction in health care delivery systems and health policy.

B2.12   The program curriculum *must* include instruction in concepts of public health as they relate to the role of the practicing PA.

ANNOTATION: Instruction in concepts of public health includes an appreciation of the public health system and the role of health care providers in the prevention of disease and maintenance of population health. It includes participating in disease surveillance, reporting and intervention.

B2.13   The program curriculum *must* include instruction in patient safety, quality improvement, prevention of medical errors and risk management.

B2.14   The program curriculum *must* include instruction about PA licensure, credentialing and laws and regulations regarding professional practice.

B2.15   The program curriculum *must* include instruction regarding reimbursement, documentation of care, coding and billing.

B2.16   The program curriculum *must* include instruction in the principles and practice of medical ethics.

B2.17   The program curriculum *must* include instruction in the PA profession, its historical development and current trends.

ANNOTATION: Instruction related to PA professional issues addresses the physician-PA team relationship, political issues that affect PA practice, the PA professional organizations.

B3   SUPERVISED CLINICAL PRACTICE

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

B3.02   *Supervised clinical practice experiences must* enable students to meet program expectations and acquire the *competencies* needed for clinical PA practice.

ANNOTATION: It is anticipated that the program expectations of students will address the types of patient encounters essential to preparing them for entry into practice. It is required that at a minimum these will include preventive, emergent, acute, and chronic patient encounters.

B3.03   *Supervised clinical practice* experiences *must* provide sufficient patient exposure to allow each
student to meet program-defined requirements with patients seeking:
a)   medical care across the life span to include, infants, children, adolescents, adults, and the
elderly,
b)   women's health (to include prenatal and gynecologic care),
c)   care for conditions requiring surgical management, including pre- operative, intra-operative,
post-operative care and
d)   care for behavioral and mental health conditions.

B3.04   *Supervised clinical practice experiences must* occur in the following settings:

ANNOTATION: While patients often use emergency departments for primary care complaints,
students are expected to interact with patients needing emergent care in this setting. Urgent
care centers may be used for *supervised clinical practice experiences*, but do not replace the
requirement to have students in emergency departments.

a)   outpatient,
b)   emergency department,
c)   inpatient 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:

ANNOTATION: It is expected that the program will provide *supervised clinical practice
experiences* with *preceptors* who are prepared by advanced medical education or by experience.
The ARC-PA will only consider *supervised clinical practice experiences* occurring with physician
preceptors who are not board certified or with other licensed health care providers serving as
preceptors when they are evaluated and determined by the program faculty to be appropriate
for the specified area of instruction, under circumstances unique to the program.

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

B3.07   *Supervised clinical practice experiences should* occur with *preceptors* practicing in the following
disciplines:

ANNOTATION: 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
specialty education and experience. *Supervised clinical practice experiences* used for *required
rotations* are expected to address the fundamental principles of the disciplines below as they
relate to the clinical care of patients. Subspecialists serving as *preceptors* might, by advanced
training or current practice, be too specialty focused to provide the fundamental principles for

required rotations in the disciplines below. Reliance on subspecialists as *preceptors* in the disciplines below is contrary to the intent of this standard.

a) family medicine,
b) internal medicine,
c) general surgery,
d) pediatrics,
e) ob/gyn and
f) behavioral and mental health care.

SECTION C: EVALUATION

INTRODUCTION

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes. This process *should* be conducted within the context of the mission and *goals* of both the sponsoring institution and the program, using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference. A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites. The process is used to identify strengths and weaknesses and *should* lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.

C1   ONGOING PROGRAM SELF-ASSESSMENT

C1.01   The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.

ANNOTATION: A well designed self-assessment process reflects the ability of the program in collecting and interpreting 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 that 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* apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

C2   SELF-STUDY REPORT [3]

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[3] Programs applying for provisional accreditation *must* complete a descriptive report, as opposed to a self study report, as described in section D and the application for provisional accreditation.

C2.01   The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

   a) the program process of ongoing self- assessment,
   b) results of critical *analysis* from the ongoing self-assessment,
   c) faculty evaluation of the curricular and administrative aspects of the program,
   d) modifications that occurred as a result of self-assessment,
   e) self-identified program strengths and areas in need of improvement and
   f) plans for addressing areas needing improvement.

C3   STUDENT EVALUATION

C3.01   The program *must* conduct *frequent*, objective and documented evaluations of students related to *learning outcomes* for both didactic and supervised clinical education components.

ANNOTATION: Student assessment is both described and applied based on clear parallels between what is expected, taught and assessed. Thorough assessment includes both *formative* and *summative evaluation*s and involves multiple assessment approaches with multiple observations by multiple individuals. Performance is assessed according to the program's pre-specified criteria. 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.

C3.02   The program *must* document student demonstration of defined professional behaviors.

C3.03   The program *must* monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for *remediation*.

C3.04   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 is prepared to enter clinical practice.

ANNOTATION: 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. The ARC-PA expects that a program demonstrating compliance with the *Standards* will incorporate evaluation instrument/s that correlates with the didactic and clinical components of the program's curriculum and that measures if the learner has the knowledge, interpersonal skills, patient care skills and professionalism required to enter clinical practice.

C3.05   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.

C4   CLINICAL SITE EVALUATION

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

ANNOTATION: An effective process or processes involves the program establishing criteria by
which to initially evaluate new sites and *preceptors* as well as those that have an ongoing
relationship with the program. The process (es) will focus on the established criteria and fit the
individual program.

C4.02   The program *must* document that each clinical site provides the student access to physical
facilities, patient populations and supervision necessary to fulfill program expectations of the
clinical experience.

ANNOTATION: Site evaluation involves *program faculty* monitoring the sites used for *supervised
clinical practice experiences* and modifying them as necessary to ensure the expected *learning
outcomes* will be met by each student by program completion. It is expected that faculty
document that differences in clinical settings do not impede the overall accomplishment of
expected *learning outcomes*. Documentation shows that *preceptors* are providing observation
and supervision of student performance while on *supervised clinical practice experiences* and
that they are providing feedback and mentoring to students.

SECTION D: PROVISIONAL ACCREDITATION

INTRODUCTION

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

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

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a
program. The process involves a thorough review of the planning, organization, evaluation and
proposed/actual content of a program that is in the advanced planning stages. The program is eligible
to continue its accreditation status of accreditation-provisional with subsequent evaluations and

commission reviews as defined in ARC-PA polices and processes. After successfully completing the multi-year provisional accreditation process, the program is eligible for the status of accreditation-continued.

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

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

D1   PROVISIONAL ACCREDITATION REQUIREMENTS

Programs applying for provisional accreditation are to demonstrate compliance or the ability to comply when operational with all accreditation *Standards*, including the specific provisional accreditation standards below. Programs planning to apply for provisional accreditation *must* contact the ARC-PA early in their planning phase, and before beginning to complete accreditation application materials, to discuss the process and timelines.

D1.01   There *must* be a qualified program director hired by the institution on a permanent basis, a qualified medical director and a more senior institutional official assigned to be responsible for the development of the program.

ANNOTATION: Typically the institution official is a Dean, Department chairperson or individual designated by the institution president or provost. The ARC-PA does not consider a *consultant* as the individual responsible for the development of the program. A permanent program director must be in place 12 months prior to the date of the ARC-PA meeting at which the program application will be reviewed. If the person holding the position of program director changes in the twelve months prior to the date of the ARC-PA meeting at which the program application is to be reviewed, the program may be removed from the commission agenda.

D1.02   If provisional accreditation status is granted, the program *must* not admit more students than the number requested for by the program and approved by the ARC-PA.

D1.03   The developing program *must* inform, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and *must* convey the implications of non-accreditation to applicants.

D1.04   The program *must* have a complete curriculum design, course sequence and established evaluation methods for all didactic and clinical components of the program prior to the ARC-PA *comprehensive evaluation* site visit.

ANNOTATION: The program is expected to submit its curriculum and course design even if the teaching faculty has not yet been identified or signed a contract. Evaluation methods are to be tied to specific didactic courses and *supervised clinical practice experiences*.

D 1.05 The program *must* provide detailed information for each course offered in the program.

ANNOTATION: The program is expected to review carefully the requirements detailing the types and scope of information needed about each course in the program. These requirements are available in the application materials. The program is expected to provide the required course materials even if the teaching faculty has not yet been identified or signed a contract.

D1.06   While the program is not operational at the time of the initial site visit for provisional accreditation, the program *must* have clearly articulated plans and mechanisms for bringing the program into compliance with the *Standards.*

ANNOTATION: The program is expected to consider issues of compliance for standards related to resources, including physical space and personnel. The plans and mechanisms are expected to address budgetary issues and be appropriate to accommodate the numbers of proposed students. If program plans and timeline do not clearly articulate the mechanisms by which the program will be in compliance before student matriculation, the program will be considered not in compliance with this standard.

D1.07   The program *must* have identified prospective clinical sites *sufficient* in number to meet the needs of the number of anticipated students.

ANNOTATION: The program is expected to have signed agreements from those facilities and individuals participating in the *supervised clinical practice experiences*.

SECTION E: ACCREDITATION MAINTENANCE

E1   PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES

E1.01   The program *must* inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional accrediting agency.

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

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

ANNOTATION: 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.

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

E1.05   The program *must* demonstrate active recruitment to fill vacated faculty positions.

ANNOTATION: Programs are expected to provide quarterly updates to the ARC-PA on progress toward filling vacant positions.

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

E1.07   The appointment of an IPD *should* not exceed 12 months.

ANNOTATION: Programs are expected to provide quarterly updates to the ARC-PA on progress toward appointing a permanent program director.

E1.08   The program *must* obtain ARC-PA approval at least six months prior to implementing any intended program expansion to a *distant campus*.

ANNOTATION: Programs providing information about expanding to a *distant campus* do so using forms and processes developed by the ARC-PA for this purpose. A site visit will be required as a component of the application process to expand to a distant campus.

E1.09   The program *must* inform and/or receive approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the following:

   a)   degrees or certificate granted at program completion,
   b)   requirements for graduation,

   ANNOTATION: Changes in requirements for graduation would include changes in the number of credits required, the addition of courses that would increase the current students' tuition, or any change that would result in increasing the length of the program by 1 month or greater.

   c)   program length,
   d)   ≥ 10 students or ≥ 15% increase in *maximum* entering *class size*,

   ANNOTATION: The number of student (≥ 10) or percentage (≥ 15%) increase in class size is designed to be a transient increase to accommodate a unique situation such as students delayed in progress through the program. Such transient increases may occur without necessarily requiring additional resources or review by the ARC-PA. This flexibility is not designed to encourage a program to recruit beyond its maximum class size. These increases DO NOT modify or reset the ARC-PA approved class size. They are not meant to be continually increased in successive years. The maximum entering class size is approved by the ARC-PA upon review of the program during a comprehensive review or after a change request from the program.

   e)   ("e" rescinded effective 9.6.2013)

   f)   a substantive decrease in program support.

ANNOTATION: A decrease in support for the program may refer to a decrease in allocated fiscal, human, academic or physical resources. A substantive decrease is one ≥ 20%. Reviewing program budget numbers is only one way of determining a decrease in support. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Programs may also find that space allocated to the program has been reduced. Federal, state or private grants or other funds awarded to the sponsoring institution or to outside agencies that supported individuals or program activities may not be renewed. Significant numbers of supervised clinical practice sites may decide to no longer accept students.

Programs are expected to consider the many ways in which their support may be reduced; giving careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational quality for the students.

E1.10   The sponsoring institution *must* inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.

E1.11   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
ABMS	American Board of Medical Specialties.
Accurately	Free from error.
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 cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
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 knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities required for PA practice.
Comprehensive Evaluation	An accreditation evaluation of a program which includes the completion of an application with a self-study report, a site visit and a review of all material by the ARC-PA Commission, resulting in the rendering of an accreditation decision.
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.

TERM	DEFINITION
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.
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.
Elective Rotations	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.
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.
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 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.
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
PACKRAT	The Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) is an examination developed by a committee of physician assistant educators from PAEA member programs. The examination is designed to serve as a voluntary means by which PA students may identify areas of strength and weakness in areas key for entry into PA practice.
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
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.
Recognized Regional Accrediting Agencies	Middle States Association of Colleges and Schools- Commission on Higher Education (MSA-CHE) New England Association of Schools and Colleges- Commission on Institutions of Higher Education (NEASC-CIHE) North Central Association of Colleges and Schools- The Higher Learning Commission (NCA-HLC) Northwest Commission on Colleges and Universities (NWCCU), Southern Association of Colleges and Schools- Commission on Colleges (SACS) Western Association of Schools and Colleges- Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)
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.
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. (Programs not meeting any component(s) of a *should* standard are expected to describe in detail why they are unable to do so. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.)

TERM	DEFINITION
Succinctly	Marked by compact, precise expression without wasted words.
Sufficient	Enough to meet the needs of a situation or proposed end.
Student Services	Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid and computing and library resources and access.
Summative Evaluation	An assessment of the learner conducted by the program to ensure that the learner has the knowledge, interpersonal skills, patient care skills and professionalism 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.
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	Non academic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
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.