ACCREDITATION

HANDBOOK

FOR

ENTRY-LEVEL PA PROGRAMS

TABLE OF CONTENTS

SECTION 1 – INTRODUCTION TO THE ARC-PA

INTRODUCTION

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and the PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

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

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

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

This handbook has been designed to be used in conjunction with the ARC-PA Compliance Manual. It is intended to be used by currently accredited PA programs and those interested in starting PA programs. The ARC-PA hopes that the information provided will be useful and welcomes comments for improvements..

ACCREDITATION DEFINED

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

The accreditation process:

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

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

ARC-PA RECOGNITION

The ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA) for its accreditation of PA programs. (https://www.chea.org/)

It is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to the ASPA Code of Good Practice, as posted on the ASPA web site, http://www.aspa-usa.org/.

ARC-PA ROLE & GOALS

The role of the ARC-PA is to effectuate a fair, consistent, and transparent process by:

- establishing educational standards utilizing broad-based input
- defining and administering the process for a comprehensive review of applicant programs
- defining and administering the process for accreditation decision-making
- determining PA educational programs' compliance with the established standards
- working collaboratively with its collaborating organizations
- defining and administering a process for appeal of accreditation decisions

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

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

ARC-PA Goals:

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

THE ARC-PA COMMISSION

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

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

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

Additional information on the ARC-PA Commission can be found at https://www.arc-pa.org/entry-level-accreditation/arc-pa-commissioners/

POLICIES & BYLAWS

The ARC-PA has policies, procedures, and bylaws that guide its day-to-day operations. The most current Policies and Bylaws documents can be found at https://www.arc-pa.org/about/policies-bylaws/

ELIGIBILITY FOR ACCREDITATION

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 institutional accrediting agency* and *must* be authorized by this 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.

PROVISIONAL ACCREDITATION PROCESS

The provisional accreditation process begins with a thorough review of the planning, organization, and proposed content of a program that is in the advanced planning stages, but not yet operational. The provisional accreditation pathway is the only entry way for proposed new programs into the accreditation process.

To commence the provisional accreditation process, a representative from the proposed sponsoring institution must reach out to Accreditation Services at the ARC-PA to confirm institutional eligibility. Upon confirming the program's eligibility, the ARC-PA furnishes the program with details regarding the application process and the timeline for evaluation.

The process is presented **here** in flow sheet format.

Acquiring accreditation-provisional status does not guarantee subsequent accreditation. Just like other accredited programs, if severe issues arise regarding the institution's or program's failure to demonstrate compliance with the Standards at any stage of the provisional process, it may lead to an adverse accreditation decision. Programs that do not attain accreditation or have their accreditation revoked may reapply for provisional status at a later time.

If you are considering applying for accreditation, contact Accreditation Services (accreditationservices@arc-pa.org) to address your questions and initiate the process.

Additional information on the Entry Level Provisional Accreditation can be found on our website: https://www.arc-pa.org/entry-level-accreditation/provisional-accreditation/

CONTINUED ACCREDITATION PROCESS

The continued accreditation process is ongoing in nature, with required reporting of data and analysis submitted to the ARC-PA annually and throughout the year. Validation visits are customized for each program, based on the program SSR, periodic reports and accreditation history. All programs have validation visits every ten years.

The process is presented **here** in flow sheet format.

Additional information on the Entry Level Provisional Accreditation can be found on our website: https://www.arc-pa.org/entry-level-accreditation/continuing-accreditation/

EXPANSION TO DISTANT CAMPUS PROCESS

The ARC-PA requires that programs must meet the following eligibility criteria to apply for expansion to a distant campus:

> ARC-PA Policy 11.1

- A program holding the status of Accreditation – Continued must maintain five consecutive years of Accreditation – Continued status before the ARC-PA will consider an application for expansion to a distant campus.
- A program with the status of Accreditation – Probation is not eligible to request expansion to a distant campus.
- A program must have outcomes from the first cohort of students at any distant campus before applying to expand to another distant campus.

> Standard E1.09a

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*,

The process for expansion to a distant campus is presented **here** in flow sheet format.

If you are considering applying for a distant campus expansion, contact Accreditation Services (accreditationservices@arc-pa.org) to address your questions and initiate the process.

ACCREDITATION STANDARDS

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate quality standards for the 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 to develop, evaluate, and self-analyze 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 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 PA profession's overall impact on patients and the global community.

The Standards are the minimum requirements to which an accredited program and programs applying for accreditation are held accountable. The Standards provide the basis for the ARC-PA to confer or deny program accreditation.

The ARC-PA expects all accredited programs to be in compliance with the Standards at all times.

The ARC-PA Compliance Manual serves as a valuable resource for programs to grasp the expectations outlined in the Standards. It also offers guidance to help programs understand different methods of demonstrating compliance with these Standards.

PROGRAM REVIEW CYCLE

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

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

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

DOCUMENT RETENTION

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

SECTION 2- ACCREDITATION REVIEW PROCESS

The accreditation process is voluntary and initiated only at the invitation of the PA program and sponsoring institution. It is multifaceted and involves an extensive review of the program by the program itself and the ARC-PA.

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

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

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

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

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

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

PROGRAM REVIEW

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

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

RESPONSIBILITY FOR DEMONSTRATING COMPLIANCE

It is the responsibility of the PA program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program.

In some cases, the ARC-PA is very prescriptive about what it needs to review; that is, specific materials as listed in the application, appendices, and required materials for review at the site visit. However, the ARC-PA does not generally address process issues, allowing programs and institutions to develop those best suited to their programs. Examples of process topics include the number of credits or hours assigned, format for curriculum and courses (for example, traditional vs. problem-based), and delivery mechanisms. While the ARC-PA may require specific information to clarify process issues that may affect accreditation, it is the program's responsibility to address these in detail as specified in the *Standards*. For example, programs using a problem-based approach are still required to demonstrate their compliance with standards related to breadth and depth of curriculum and those that relate to *instructional objectives* and guiding student acquisition of *learning outcomes* and program required *competencies* for entry level practice.

Programs are encouraged to utilize the ARC-PA Compliance Manual as a reference. The Compliance Manual helps programs to better understand the expectation of the Standards. It also provides guidance to assist programs in understanding various ways of demonstrating compliance with the Standards.

APPLICATIONS FOR ACCREDITATION

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

Applications related to the categories of accreditation are provided to programs depending on the program's accreditation status. Programs will receive their application from the ARC-PA approximately one year in advance of the due date. Program MUST complete the application received from the ARC-PA and must not utilize the sample applications on the website as their formal application. Completed applications must be submitted to the ARC-PA approximately three months prior to the program's scheduled site visit. Programs will receive specific instructions and their assigned due date with their application.

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

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

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

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

The site visit team is advised not to accept any new materials not already a component of the application of record. The team will review materials on site that were not to be included in the

application of record, such as program assessments, meeting minutes, and student and faculty files. Not accepting new materials means that **the team will not accept changes to or new appendices to the original application**, including not accepting new or updated instructional objectives replacing those specifically required in the application.

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

Accredited programs are advised to discuss this potential situation with the site visit chair, explaining why the documents seen on-site may be different from those in the application. Programs are to have both versions of the documents (those revised and those appended to the application) available for the site visit, highlighting changes made in the revised documents. Site visitors will document what was seen on site, but Commissioners will only evaluate the materials submitted within the application of record to judge compliance with the Standards.

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

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

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

THE SITE VISIT

The site visit aims to verify, validate, and clarify the information the program submitted in its application. Through discussions with program faculty, institutional officials, students, and preceptors, the site visit team will ask clarifying questions and verify that the information described in the application is accurate. The site visit team may also speak with graduates, instructional faculty, or the program's advisory board. In addition, the site visit team will review documents provided by the program demonstrating evidence of compliance with the accreditation standards.

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

Information specific for Provisional Accreditation Site Visits (Initial Provisional, Provisional Monitoring, and Final Provisional)

https://www.arc-pa.org/entry-level-accreditation/provisional-accreditation/provisional-accreditation-site-visit-schedule/

Information specific for Continuing Accreditation Site Visit

https://www.arc-pa.org/entry-level-accreditation/continuing-accreditation/continuing-accreditation-site-visit-schedule/

TIMELINE FOR PREPARING FOR A SITE VISIT

Application Received from ARC-PA	**Approximately one year prior to the due date**
Completed Application Due to ARC-PA	Approximately three months prior to the site visit. The program will receive the exact date when the application is sent.
For in-person site visits, reserve a **hotel for site visit team**	Prior to 8 weeks before the site visit
Submit the Information Summary Sheet to accreditation services	Eight weeks before the site visit
Submit the site visit schedule/agenda to accreditation services and the site visit chair	Eight weeks before the site visit
Maintain open communication with the **site visit chair regarding any questions or adjustments**	Ongoing
Participate in the site visit technology meeting initiated by the ARC-PA	Approximately one month prior to the site visit
Make site visit materials available to the site visit team in a secure document-sharing application	Seven calendar days prior to the visit

RESPONDING TO OBSERVATIONS

After the site visit, the program will receive correspondence from the ARC-PA in the form of a letter signifying completion of the site visit and the list of observations, as applicable, if any observations were noted during the site visit. This documentation is usually received by the program within 21 days of the visit.

Observations are the team's way of alerting the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the program did not, in writing or in person, provide evidence that sufficiently supported its demonstration of compliance with the standard to which the observation refers.

The program is invited to respond to this list of Observations in writing; however, a response is optional. The purpose of the program's response is to eliminate errors of fact or clarify ambiguities and misperceptions. Observation responses should succinctly clarify issues raised by the site visit team and explain what the program did at the time of the site visit to demonstrate compliance with the standard noted. The program should include, with the response narrative, the evidence used at the time of the site visit to verify compliance with the standard.

In this correspondence, the program may inform the ARC-PA about what has been done since the site visit or about plans for the future to correct or resolve any compliance issues.

Responses to observations should be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead, it should excerpt the objectives covering the content with references noting where the content is addressed and submit that as a single document.

Likewise, if the program needs to address program or institution policies related to specific topics, it should not submit catalogs or manuals indicating the pages on which the items are found. Instead, it should excerpt the content with a reference notation to where the policy is addressed and submit that as a single document.

The report submitted to the ARC-PA is to be submitted as directed in correspondence received from the ARC-PA after the site visit. The program is given three (3) weeks (21 calendar days) from receipt of the observations letter to respond. If directed to submit materials via the Program Management Portal, the program is to zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

FORMAT FOR RESPONSE TO OBSERVATIONS

The ARC-PA sends programs a Microsoft Word template to complete and return. This template lists each observation with space for the program to respond. A succinct, specific narrative response to each observation is to be included in the template space below the observation on this document.

If an observation requires no response or a program chooses not to respond, the program should enter "no response" in the response field.

If supplemental documents are needed to complete a response, the program should indicate them in the narrative and append those to the report, starting with appendix 1, appendix 2, appendix 3, etc. It is helpful to indicate the content of the appendix in its title, i.e., appendix 1 Instructional Objectives.

Examples of appropriate responses to observations follow.

Observations

Standard XXX: Provided by ARC-PA Site Team

Observation:	This is the wording of the site team observation contained in the Observations Document letter from the ARC-PA to the program after the visit.
Response:	The response explains what the program did at the time of the site visit to demonstrate compliance with the standard noted and clarify issues raised in the team's observation. Often, it may be necessary to repeat some wording that was included in the original application, SSR, or appendices. The program may inform the ARC-PA about what has been done since the site visit or about plans for the future to correct or resolve any compliance issues.
Attachments:	List any attachments included related to this observation in the body of the response space. For example, if particular course objectives were included to demonstrate that the program covered a curriculum topic, the course names should be listed here, with a reference to the objectives appended as a single document, as noted above.

COMMISSION MEETINGS

As part of their comprehensive evaluation of the program, the ARC-PA commissioners review all materials that have been received from the program. This includes the application and supporting materials, as well as the site visit report, the list of observations (if applicable), and the program's response to the observations if one is provided. The reviewers also have access to and review the program's accreditation history, the program's website, and the information on the program's portal. Two ARC-PA reviewers are assigned to make an in-depth study of all of the materials and will present the program to the commission as a whole for consideration for an accreditation recommendation. All commissioners have access to all program materials. The entire commission participates in the program discussion and votes on the determination of accreditation status, identification of citations, and any follow-up reports needed.

The ARC-PA Commission meets three times a year:

- March
- June
- September

Approximately 4-6 weeks after the Commission Meeting, the ARC-PA President/CEO will notify the institutional representative listed in the program portal and on the application of the accreditation action. Copies will be sent to the program director and his/her supervisor. This letter will detail the accreditation action, list of citations (if applicable), and any follow-up that might be required.

CITATIONS

A citation is a formal statement referencing a specific standard, noting the area in which the program failed to provide evidence demonstrating that it meets the standard or performs so poorly in regard to the standard that the program's efforts are found to be unacceptable. Citations are issued by the Commission upon review of the program's documents.

The citation document received by the program will include the following information for each citation issued by the Commission:

- Standard: Each citation will be identified by the specific standard in which the Commission determined the program to be non-compliant.
- Findings of the Commission: The formal statement identifying the reason for which the citation is being issued.
- Comments of the Commission: Program-specific information identifying the specific evidence of lack of evidence which the Commission considered in making its determination.

- Required Report: The necessary follow-up information the program needs to provide the Commission reflecting the program changes to come into compliance with the identified standard.

The document will also identify the due dates and submission instructions for any required reports.

FORMAT FOR RESPONSE TO CITATIONS

The program is required to respond to each citation and may NOT leave the space blank or enter "no response," unless directed otherwise in the Citations document.

When responding to the ARC-PA in reference to citations received as part of an ARC-PA accreditation action letter, it is important to note that the response must serve as a stand-alone document since the commissioners reviewing the response may not have ready access to the program's initial application materials or previous response to observations. It may be necessary to repeat some wording that was included in the original application materials or to append these to the response.

Responses to citations are to be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead, it should excerpt the objectives covering the content with references, noting where the content is addressed, and submit that as a single document.

Likewise, if the program needs to address program or institution policies related to specific topics, it should not submit catalogs or manuals indicating the pages on which the items are found. Instead, it should excerpt the content with a reference notation to where the policy is addressed and submit it as a single document.

The report submitted to the ARC-PA must be submitted as directed in correspondence received from the ARC-PA. If directed to submit materials via the Program Management Portal, the program should zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

Programs will be subject to adverse accreditation action, which could include denial or withdrawal of accreditation. Future eligibility for accreditation may be denied if any of the statements or answers made in the submitted response to citations are false or if the program violates any of the policies governing accredited programs.

If supplemental documents are needed to complete a response, the program should so indicate in the narrative and append those to the report starting with appendix 1, appendix 2, appendix 3, etc. It is helpful to indicate the content of the appendix in its title, i.e., appendix 1 Instructional Objectives. Depending on the number of citations it may also be helpful to use the citation reference, i.e., appendix 1 citation 5.

Examples of appropriate responses to citations.

<u>Citations</u>

Standard XXX: Provided by ARC-PA

Citation:	This is the wording of the commission contained in the accreditation letter from the ARC-PA to the program after a commission action.
Response:	The response must address any questions or specific issues raised by the commission in relation to the individual standard, including how the program has come into compliance. It may be necessary to repeat some wording from previous documents submitted to the ARC-PA or to append these to the response. It is important to have this response be a stand-alone response as the reviewers may not have ready access to the program's materials that were submitted previously.
Attachments:	List any attachments related to this citation in the body of the response space. For example, if objectives are sent to demonstrate changes made by the program to cover a curriculum topic, they would be appended as a single document, as noted above.

SUBMITTING REQUIRED REPORTS & RESONSE TO CITATIONS

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

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

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

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

STATEMENTS AND SIGNATURES

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

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

Program Director: Click here to enter name   **Date:** Click here to enter date

The name that appears here is deemed an electronic signature.

Chief Administrative Officer of Program's Sponsoring Institution:

As listed in the Program Management Portal

Click here to enter name   **Date:** Click here to enter date

The name that appears here is deemed an electronic signature.

Completed Statements and Signatures page <u>must</u> be submitted with each report required in this document, the report will not be accepted.

ADVERSE ACTIONS & APPEALS

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

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

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification. The ARC-PA Policy **10.8** (Accreditation Actions Subject to Appeal & Appeal Procedures) provides detailed policies and procedures to guide programs through the appeal process.

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

RECONSIDERATION PANEL

All Notices of Appeal are initially referred to a Reconsideration Panel consisting of three members: two PA educators with ARC-PA experience and/or past commissioner experience and one public member.

The Reconsideration Panel members are provided with the following materials to review and consider independently before discussing the program during the reconsideration meeting:

- a complete file of all documents concerning the program that were available to the ARC-PA and upon which the ARC-PA relied in making the decision that is the subject of the appeal;
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action; and
- the program's submitted Notice of Appeal.

In developing its decision, the Reconsideration Panel considers the Notice of Appeal, the particular facts or Standards at issue, and the existing ARC-PA policies. The Reconsideration Panel determines **whether the ARC-PA's action is supported by the evidence provided at the time of the Commission meeting and whether the Commission action was taken in accordance with the ARC-PA's policies and procedures.** New evidence that was not provided to the Commission (within the program's application/reports, at the site visit, or noted in the response to observations) will not be considered. Additionally, any program changes that occur after the Commission meeting will not be considered.

If the adverse action being reconsidered is related to probation or refusal to consider a program for accreditation, the Reconsideration Panel's decision is final, and the appeal process is complete. The program may not request a Formal Appeal hearing by the ARC-PA.

FORMAL APPEALS

If, after reconsideration by the Review Panel, the institution/program remains dissatisfied with a decision regarding withdrawal or withholding of accreditation, it may request a Formal Appeal hearing before an independent Appeals Panel.

The Appeal Panel is appointed by the ARC-PA President/CEO in consultation with the ARC-PA Chair. Panel members include individuals who are former ARC-PA commissioners or who otherwise meet the qualifications to serve on the ARC-PA, such as educator or practitioner status as defined by the ARC-PA. There will be three members of the Appeals Panel, including a representative of the public. The ARC-PA President/CEO shall notify the program of the identity of the members of the Appeals Panel prior to the Formal Appeal Hearing. The ARC-PA President/CEO in consultation with the ARC-PA Chair also identifies an alternate member, who will be called upon to participate if an Appeals Panel member must be excused.

The Appeal Panel members are provided with the following materials to review and consider independently before discussing the program during the reconsideration meeting:

- a complete file of all documents concerning the program that were available to the ARC-PA and upon which the ARC-PA relied in making the decision that is the subject of the appeal;
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action;
- a copy of the institution/program Notice of Appeal and Notice of Final Appeal; and a copy of the letter containing the results of the reconsideration by the Review Panel.

No new information will be presented to or will be considered by the Appeals Panel; provided that information may be considered by the Appeals Panel if the following criteria are met:

• the adverse action that is the subject of appeal was based solely upon a failure by the institution/program to meet an accreditation standard pertaining to finances.

The Formal Appeal hearing allows both the ARC-PA and the program to present verbally to the Appeal Panel and address any questions from the panel. The Appeals Panel then meets in an executive session to review the proceedings and to reach a decision.

The Appeals Panel determines, by majority of those members present, whether the institution/program has demonstrated by the presentation of substantial evidence that the ARC-PA findings of noncompliance with each of the cited areas of accreditation standards should be overturned and whether the adverse action should be affirmed, modified or reversed.

SECTION 3 – ACCREDITATION MAINTENANCE

Programs are expected to comply with all standards at all times. Accreditation is an ongoing process, and the ARC-PA has requirements and processes to ensure ongoing review of its accredited programs.

PROGRAM ACCREDITATION MANAGEMENT PORTAL

Each accredited PA program is responsible for maintaining updated information on its program portal. Upon receiving its initial provisional accreditation letter, instructions related to access and training on the ARC-PA Program Accreditation Management Portal are provided by email.

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

There are extensive directions and training videos on the ARC-PA website:
 https://www.arc-pa.org/entry-level-accreditation/portal/

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

The Portal allows the ARC-PA to monitor program information and changes. The portal is expected always to represent accurate information about the program. Therefore, the program must be familiar with the information requested by the ARC-PA and make appropriate updates throughout the year.

PORTAL ALERTS

Additional information will be requested when information is entered into the program's portal that indicates the program may be out of compliance with the accreditation standards or there are issues with the program's data in its portal. In these circumstances, the Program Director will receive an email from the Program Review Team requesting clarifying information or providing follow-up report instructions.

Examples of these alerts include but are not limited to:

- Broken link to the program website
- Expiration of sponsoring institution accreditation
- Insufficient program personnel related to the Standards
- Any cohort size exceeding the maximum approved class size
- Insufficient SCPE placements for the current clinical cohort size
- PANCE Pass Rate 85% or below
- Student Attrition Rate 10.9% or greater

ANNUAL REPORT

All accredited programs are required to submit an annual report through the program portal. The Annual Report encompasses all the program's portal information.

The Annual Report is generally due by December 15th each year. For programs that receive initial provisional accreditation in September and June, the report is due the spring following accreditation (March 31) and then yearly in December.

Programs receive information and reminders about the Annual Report each year. About one month prior to the Annual Report submission deadline, a Report Due reminder and the Submit button will appear on the Program's Portal Dashboard page. The reminder will indicate the due date of the Annual Report.

Additional information about the required annual report can be found here: https://www.arc-pa.org/entry-level-accreditation/portal/

SUMMARY OF STANDARDS REQUIREMENTS FOR PUBLISHED & READILY AVAILABLE INFORMATION

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

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

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

INFORMATION THAT MUST BE READILY AVAILABLE TO <u>PROSPECTIVE STUDENTS</u>

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

INFORMATION THAT MUST BE READILY AVAILABLE TO <u>ENROLLED STUDENTS</u>

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

INFORMATION THAT MUST BE READILY AVAILABLE TO PROGRAM FACULTY

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

NCCPA PANCE EXAM PERFORMANCE SUMMARY REPORT LAST 5 YEAR

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

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

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

Pass Rate Summary Reports

To generate a report, select the parameters below and click on the "View Report" button.

○ Five Year First Time Taker Summary Report

● Exam Performance Summary Report

Class Name

Last Five Years ⌄

☐ Include Only First Time Takers

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

Class	Class Graduation Year	Group	Number of Candidates Who Took PANCE	Number of Exam Attempts	Number of Exams Passed	Program Exam Pass Rate	National Exam Pass Rate for the Class Graduation Year	% of Candidates Who Ultimately Passed PANCE
Class of 2018	2018	All Takers	46	46	46	100%	97%	100%
		First Time Takers	46	46	46	100%	98%	100%
Class of 2019	2019	All Takers	49	50	49	98%	91%	100%
		First Time Takers	49	49	48	98%	93%	100%
Class of 2020	2020	All Takers	47	47	47	100%	93%	100%
		First Time Takers	47	47	47	100%	95%	100%
Class of 2021	2021	All Takers	49	49	49	100%	91%	100%
		First Time Takers	49	49	49	100%	93%	100%
Class of 2022	2022	All Takers	47	47	47	100%	89%	100%
		First Time Takers	47	47	47	100%	92%	100%

PROGRAM CHANGES & REQUIRED REPORTS

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

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

PROGRAM CHANGES

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

- Change in *Program Faculty* - The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of personnel changes (resignation, termination, or appointment) in its positions of program director (or interim) within two business days of the vacancy, and *medical director* (or interim), or *principal faculty* within 30 days of the date of the effective change and *must* include a detailed plan and timeline to fill those positions (Standard E1.04). In addition, the program is required to submit quarterly updates of *active* recruitment to fill any vacant positions.
- Change in Sponsoring Institution Personnel—The ARC–PA must be notified of any change in whom the Program Director reports to or the Chief Administrative Officer reports to.
- Temporary leave of absence of personnel - The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of temporary vacancy or extended absence in its positions of the program director (or interim) greater than 21 calendar days,

and medical director (or interim), or principal faculty greater than 90 calendar days. The notice must include the program's plan to accommodate the temporary absence (E1.08).

- Change in sponsoring institution, report as soon as the institution begins to consider the transfer (E1.12)

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

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

REQUIRED REPORTS

The ARC-PA requires programs to submit a report when program outcomes fall outside of established benchmarks. These reports include an analysis of data related to these outcomes to promote program improvement.

- Student Attrition Report –
  - Single Campus Programs with a graduation rate at or below 85% for two (2) consecutive years must submit a Student Attrition Required Report.
  - Multi Campus Programs with any single campus graduation rate at or below 85% for two (2) consecutive years must submit a Student Attrition Required Report.

    The Required Report must be submitted within six (6) months of the second cohort's completion.

- *PANCE* Report –
  - Single Campus Programs are required to complete a PANCE Report any year that the PANCE pass rate for first-time takers by cohort for that year has a pass rate percentage of 85% or less.
  - Multi Campus Programs are required to complete a PANCE Report any year that the PANCE pass rate for first -time taker for any single campus for that year has a pass rate percentage of 85% or less.

    This report must be submitted within six months of when this data is provided by the NCCPA or by July 1 the year following that cohort's completion, whichever is sooner.

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

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

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

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

SECTION IV – RESOURCES

SYLLABI, PROGRAM COMPETENCIES, LEARNING OUTCOMES & INSTRUCTIONAL OBJECTIVES

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

ONGOING PROGRAM SELF-ASSESSMENT

The ARC-PA requires submitting a written report documenting the activities of self-assessment. Already accredited programs must demonstrate through the report that it:

> 1) has an established process of ongoing self-assessment to monitor and document program effectiveness, and

> 2) collected and <u>critically analyzed</u> outcome data to support current activities or make needed modifications for improvement.

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

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

The ARC-PA does not prescribe the particular methods by which self-assessment should be accomplished. A variety of methods can be used to achieve the goal of comprehensive program evaluation and assessment of compliance with the *Standards*.

A program and its sponsoring institution should determine the methods to be used for self-assessment in keeping with the mission, goals, and policies of the program, the parent institution, and the *Standards*. They should also determine the resources and time to be devoted to the effort.

It is not unusual for programs to participate in an ongoing institutional evaluation process conducted by the sponsoring organization. However, institutional evaluation processes may not be sufficiently comprehensive or detailed and will likely need supplementation by other activities specific to PA program evaluation and the *Standards*.

Participants in the Self-Assessment Process
A variety of participants should be included in the self-assessment process and the preparation of the SSR. Programs should decide which individuals will be most appropriate to their process.

Programs often find that participants from the following categories can be effectively included in the process:

- program faculty and staff
- representatives from sponsoring institution administration and support service offices (e.g. registrar, financial aid, and student services)
- representatives from other academic programs within the sponsoring institution
- curriculum committee members
- advisory committee members
- students
- graduates
- preceptors and employers

- external consultants
- representatives of local, state, or national health care organizations
- consumers of health care

Ongoing Program Self-Assessment is a process whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies. It is conducted within the context of the mission and goals of both the sponsoring institution and the program. It uses the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference. It is comprehensive, regular, and analytical. It occurs throughout the academic year and in all of the phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, and other activities connected with the educational enterprise. It identifies strengths andareas in need of improvement, develops plans for corrective intervention, and evaluates the effects of the interventions.

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

Instructions for the Self-Study Report (SSR)

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

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

Common Missing Elements of the Self Study Report

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

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

Describe your survey instrument

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

Don't forget about your qualitative data

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

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

Identify your benchmarks

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

Analysis does not mean repeating or summarizing data

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

Incorporate relevant data from other areas

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

ARC-PA Resources for the Self Study Report

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

OTHER RESOURCES

Additional resources can be found at: http://www.arc-pa.org/accreditation-manual/

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

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

WORKSHOPS & CONFERENCES

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

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

TERMS USED IN ARC-PA CORRESPONDENCE TO PROGRAMS

The definitions for words and terms often included in correspondence from the ARC-PA to programs are described below.

Accept - A term used in official ARC-PA correspondence, most often following the commission's review of a required report submitted by a program, communicating that the report was received favorably. This term does not imply that the program is compliant with the *Standards*. An additional report may be required.

Acknowledge - A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program notifying the commission of a program change not requiring commission approval. The term is used to inform the program that the commission has received the report. Neither approval nor disapproval is implied.

Approve(d) - A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program requesting a change requiring commission approval. The term is used to notify the program that the ARC-PA has given formal or official sanction to the change requested. By its nature, approval means that the program's action is in compliance with the *Standards*.

Citation - A formal statement referenced to a specific standard noting the area in which the program failed to provide evidence demonstrating that it meets the standard, or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

Findings - An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the *Standards*. The purpose of the "findings" is to clarify the issue of noncompliance with a specific standard for the program and not to specify "how to" comply with the cited standard.

General/Additional Comment(s) - Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA that may or may not be linked with a specific standard(s) that conveys a concern or expresses congratulatory comments. The purpose

of the "Additional Comment(s)" is to clarify for the program a more global issue between the ARC-PA and the program but not to give advice or specify "how to" resolve the issue(s).

Observation - A written statement by the site visit team notifying the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the program was unable, in writing or in person, to provide evidence that sufficiently supported its demonstration of compliance with the standard to which the observation refers.

Receive as information - A term used in official ARC-PA correspondence, most often following the commission's review of notification from a program of a change that is provided as a courtesy. The change notification is not officially required and unrelated to the *Standards*.

Received and More Information Requested - A term used in official ARC-PA correspondence, most often following the commission's review of a required report or a request submitted by a program, communicating that the report was received but more information is needed before the commission can provide a decision regarding the report or request.

Warning Letter - If the ARC-PA finds a progress report deficient, it may choose to inform the program director that the ARC-PA has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. This "warning" is not considered an accreditation action and therefore is not subject to appeal.

ACCEPTING STUDENTS FROM A CLOSING PROGRAM

When a program's accreditation is withdrawn (voluntarily or involuntarily) without the ability to teach all its current students, it relies on the assistance of fellow PA programs to complete its students' education. While many PA programs are eager to help these students in their time of need, several factors must be considered.

 Exceeding Class Size & Resources

One of the greatest program concerns is that acceptance of these students will cause the accepting program to exceed its approved maximum entering class size. While this does require informing the ARC-PA of the situation, this should not be a limiting factor. By Standard E1.11a, the accepting program must submit an "Exceeding Approved Class Size" form found on the Entry-Level Reports & Change Forms webpage. The form requires that the program indicate the circumstances surrounding this request. Due to these special circumstances, the ARC-PA processes requests related to program closures on an expedited basis, often within a few days.

 The primary concern for the Commission in reviewing these requests is the assurance that the accepting program has the appropriate resources to support these additional students. The program must determine whether they have the necessary physical facilities, principal faculty,

administrative support staff, clinical sites, and clinical instructional faculty to provide the additional students with an appropriate educational experience. By communicating this in the "Exceeding Approved Class Size" form, the Commission can more effectively review the program's request. (Please note: the program portal must also reflect this information as it will be reviewed along with the program's submitted form.)

Admissions Policies & Practices

Whether the students are being accepted into the didactic or clinical curriculum, the accepting program must follow its defined and published admissions practices (Standard A3.14). This means that the students being considered to join the program must meet all established admissions policies and procedures as outlined in Standards A3.13a, b, d, and e. Upon admission, the program must also maintain student files including documentation that the student has met published admission criteria as outlined in Standard A3.17a.

Advanced Placement Policies & Practices

If accepted students are awarded any credit for completed coursework at their previous PA program, they are considered to have been granted "advanced placement". This applies to any student who is not starting at the very beginning of the program and is required to complete all curriculum required at the accepting program. Whether the accepting program waives a single course requirement or transfers students directly into the clinical year, standards related to advanced placement must be considered.

If the accepting program has a policy (Standard A3.13c) that they do not award advanced placement, but it wishes to make a change for circumstances involving the closure of a PA program, it must make this policy change before awarding advanced placement to these students.

In addition to following its advanced placement policy, the program must also have criteria for awarding advanced placement and be aware of its institution's criteria for awarding advanced placement. Standards A3.16a and b require programs to document that students who are awarded advanced placement have met program and institution criteria for such placement.

Subsequently, the program must have a process to ensure that students demonstrate competency in the courses in which they are awarded advanced placement. It is up to the program to develop and implement this assessment process. Documentation that students have demonstrated competency in the courses in which they are awarded advanced placement is required for Standards A3.16c and A3.17a.

Outcomes

Students who are transferred into an accepting program will be considered part of its outcome data. Therefore, the outcomes from those students such as course grades, graduation, attrition, and PANCE performance will be included in any required ARC-PA reports (such as the Attrition

Required Report and PANCE Required Report, if appliable) and must be addressed in the program's self-assessment process.

Input from faculty, students, administration & legal counsel

Since this endeavor will affect all involved in the program, it is wise to elicit feedback from program faculty, students, institutional officials, and legal counsel before moving forward. While the program wishes to do the best for these displaced students, it also needs to ensure that it is doing its best for its current stakeholders. Support from these groups is essential to creating the best environment for success.

CONTACT INFORMATION

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