



COMPLIANCE MANUAL

FOR
ENTRY-LEVEL PA PROGRAMS

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

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Demonstrating Compliance with the *Standards*

PA programs are expected to be in compliance with the ARC-PA accreditation *Standards* at all times. The purpose of the Compliance Manual is to improve program understanding of the various ways of demonstrating compliance with the *Standards*.

Focused Questions

To assist in writing the report narrative, this manual includes **focused questions** designed to illustrate the essential components of each standard; these can be used to guide the faculty as they think about and evaluate the program's compliance with each standard. The focused questions in this guide should not be the only lens through which the *Standards* are evaluated and explored as they are not all-inclusive; program leaders need to consider their program and write the report accordingly. However, the focused questions provide some guidance for ensuring that the minimum aspects of each standard are considered when program faculty evaluate the program's compliance with the *Standards*. Focused questions can also be shared with program stakeholders to assist in their preparation for interviews during an accreditation visit.

Essential Evidence

The essential evidence included in this manual is based on evidentiary sources that are commonly used and, unless otherwise noted, required documentation considered as evidence of compliance with each standard. Essential evidence should be maintained by programs as an objective means of documenting and/or recording a program's compliance with the *Standards*. Essential evidence should be identified by the program as those documents or pieces of evidence that are a credible representative sample of the best evidence that demonstrates the program is in compliance with each standard. Programs are encouraged to demonstrate their creativity and innovation by going beyond the minimum requirements for each standard.

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 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 thereby 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 compliance with standards related to breadth and depth of curriculum and those that relate to *instructional objectives* and guiding student achievement of *learning outcomes* and program required *competencies* for entry level practice.

When writing any report for the ARC-PA, faculty must use the Glossary to ensure consistent and appropriate use of the terminology in the report. Terms found in the glossary will be listed in *italics* throughout this document.

SECTION A: ADMINISTRATION

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

HELP? After reading this manual, if you need additional help understanding and interpreting the A standards, [click here to go to the online learning modules for a guide.](#)

STANDARD	
A1.01	When more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students <i>must</i> be clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s) <i>must</i> define the responsibilities of each party related to the educational program for students, <i>must</i> specify whose policies govern, and <i>must</i> document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> If more than one institution is involved in the provision of PA student education, what are the responsibilities of each institution? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Copy of all current and signed written agreement(s) documenting relationship and responsibilities between sponsoring institution and other institution(s) clearly describing respective responsibilities; may be an affiliation agreement, memorandum of understanding or business agreement. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard applies to all institutions used for didactic education and <i>supervised clinical practice experiences</i>. • While other students may be mentioned, agreements <i>must</i> specifically name PA Program or PA students as included and be specific to each campus location for programs with distant campuses or institutions with multiple PA programs in different locations. • The agreement <i>must</i> document that students will have access to educational resources. • The agreement <i>must</i> document that students will have access to clinical experiences. 	
A1.02a	The sponsoring institution is responsible for: <ul style="list-style-type: none"> a) supporting the planning by <i>program faculty</i> of curriculum design, course selection, and program assessment,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What support does the sponsoring institution (SI) provide to the program for curricular design and selection of courses that will be included in the curriculum? • How does the sponsoring institution provide support for the program’s curriculum design/revisions? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Minutes of curriculum, planning and program assessment meetings involving institution personnel. • Published processes for institutional curriculum evaluation and approval • Discussions with institutional officials verify what was written in the application. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The description of program self-assessment in the application is supported by the program’s evidence outlined in the self-study report. • To demonstrate support for program assessment, the SI may allocate a dedicated personnel position to the program. 	

<ul style="list-style-type: none"> • Designation of an institutional department for assessment is not evidence of compliance without corresponding PA program utilization of the resource. • Overall, if the program fails to demonstrate compliance with multiple standards in the C1.01-C1.03 range, the Commission will call into question the institution’s commitment to fulfilling its responsibility for program assessment. 	
A1.02b	The sponsoring institution is responsible for: b) hiring faculty and staff,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • In what ways does the sponsoring institution support hiring of faculty (recruitment, interviewing, selection, hiring)? • In what ways does the sponsoring institution support hiring of staff (recruitment, interviewing, selection, hiring)? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Copies of academic appointment letters from the sponsoring institution in faculty files, policies regarding hiring and firing, and documentation regarding how hiring searches are conducted, including the timeline for the process. • List and describe the advertising and recruiting resources provided by the sponsoring institution to the program to facilitate faculty and staff candidate pool development. • List and describe the application, interviewing, and hiring resources provided by the sponsoring institution to the program to facilitate candidate selection and hiring. 	
A1.02c	The sponsoring institution is responsible for: c) ensuring effective program leadership,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What measures does the sponsoring institution have in place to ensure that the program director provides leadership and that it is effective? 	
ESSENTIAL EVIDENCE	

- Documents indicating institutional process for evaluating the program director’s leadership of the program.
- Discussions with institutional officials, the program director, faculty, *preceptors*, and students to verify the description in the application.

Of note:

- The description in the application is supported by the program’s evidence outlined in the self-study report.

A1.02d

The sponsoring institution is responsible for:
d) complying with ARC-PA accreditation *Standards* and policies,

FOCUSED QUESTIONS

- How have institutional officials been educated and updated on the ARC-PA *Standards* and policies?
- Can institutional officials speak to the specific standards where the program is struggling in the application and during the site visit?
- How have institutional officials supported the program in adhering to the ARC-PA accreditation *Standards* and policies?

ESSENTIAL EVIDENCE

- Evidence of institutional support of the program (documented procedures, meetings, resources).
- Discussions with institutional officials demonstrate knowledge of accreditation requirements and submitted accreditation materials.

Of note:

- Overall, if the program fails to demonstrate compliance with multiple standards, the Commission will call into question the institution’s commitment to fulfilling its responsibility for compliance.

A1.02e

The sponsoring institution is responsible for:
e) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,

FOCUSED QUESTIONS

<ul style="list-style-type: none"> • What is the program’s process for documenting satisfactory completion of the PA program leading to the conferral of the academic degree? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Credential awarded by sponsoring institution. • Documentation of students’ satisfactory completion of the program. 	
<p>A1.02f</p>	<p>The sponsoring institution is responsible for:</p> <p>f) ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules, and regulations,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Which institutional officials or departments are responsible for reviewing policies related to personnel and students to ensure that they are legal? • Which institutional officials or departments are responsible for reviewing policies related to personnel and students to ensure that they are consistent with applicable laws? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Policies are reviewed by institutional administrators or legal counsel to ensure consistency with federal, state, local statutes, rules, and regulations. • Guidelines or procedures for the institutional review and approval process of policies pertaining to personnel and students within the PA program. 	
<p>A1.02g</p>	<p>The sponsoring institution is responsible for:</p> <p>g) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,</p>
<p>FOCUSED QUESTIONS</p>	

<ul style="list-style-type: none"> • What security measures does the university utilize? What personal safety measures does the university utilize? • How are security measures documented on the main campus in general? For students? For faculty? • How are the security and personal safety measures documented at all clinical <i>rotation</i> sites? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence of defined and documented security and personal safety measures for all locations used for didactic instruction and at sites used for supervised clinical practice (may be in affiliation agreements). • List of security and personal safety measures documented for each site where students or faculty may be required to visit for purposes of instruction. <p>Of note:</p> <ul style="list-style-type: none"> • This standard applies to all instructional locations including international <i>rotations</i>. 	
A1.02h	The sponsoring institution is responsible for: h) <i>teaching out</i> currently matriculated students in accordance with the institution’s accreditor or federal law in the event of program closure and/or loss of accreditation,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the institution's plan for teaching out the PA students in the event the program <i>must</i> close per the institutional accreditor's directive? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institutional policies or plans that meet institutional accreditation requirements and/or federal law for teaching out current students in the event of closure. 	
A1.02i	The sponsoring institution is responsible for: i) defining, publishing, making <i>readily available</i> and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the institution’s policy on faculty grievances? On faculty allegations of harassment? • What is the procedure for a faculty member to file a grievance? File allegations of harassment? • Where are these published and available to faculty? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Copy or link to Institution policies and procedures for faculty grievances and allegations of harassment are available in an easily accessible manual, handbook, or webpage. • Discussions with faculty to determine if policies and procedures are <i>readily available</i> and consistently applied. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Policies and procedures for processing faculty allegations of harassment should be available for any type of harassment and go beyond Title IX issues. 	
A1.02j	<p>The sponsoring institution is responsible for:</p> <p>j) defining, publishing, making <i>readily available</i> and consistently applying to students, its policies and procedures for processing student allegations of harassment, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the institution’s policy on student allegations of harassment? • What is the procedure for a student to file allegations of harassment? • Where are these published and available for students? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Copy or link to Institution policies and procedures for student allegations of harassment are available in an easily accessible manual, handbook or webpage. • Discussions with students to determine if policies and procedures are <i>readily available</i> and consistently applied. <p><i>Of note:</i></p>	

<ul style="list-style-type: none"> • Policies and procedures for processing student allegations of harassment should be available for any type of harassment and go beyond Title IX issues. 	
A1.02k	<p>The sponsoring institution is responsible for:</p> <p>k) defining, publishing, making <i>readily available</i> and consistently applying to students, its policies, and procedures for refunds of tuition and fees.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the institution’s policy for refund of tuition? Refund of fees (to include program-specific fees)? • What procedure would a student follow to obtain a refund of tuition and fees related to all allowable situations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institution policies and procedures <i>must</i> be presented, in a <i>readily available</i> format, so enrolled students can determine when and how tuition and fees are refunded. 	
A1.03a	<p>The sponsoring institution <i>must</i> provide <i>sufficient</i> release time and financial resources in support of the <i>program director</i> and <i>principal faculty</i>, as applicable to the job description, for:</p> <p>a) maintenance of certification and licensure</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How much release time is available for the program director and each <i>principal faculty</i> member to obtain the Continuing Medical education (CME) and testing to maintain their certification? • How much funding per year is allocated by the institution for the program director and each <i>principal faculty</i> member to cover expenses such as CME, certification fees, and state licensure fees? • Is the time and financial support outlined deemed <i>sufficient</i> for the program director and <i>principal faculty</i>? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence may include: <ul style="list-style-type: none"> ○ A budget line in support of maintenance of certification and licensure fees <i>sufficient</i> for the program director (PD) and each principal faculty (PF) member. ○ Documentation in the program director and <i>principal faculty</i> files indicating completion of professional development including CME for maintenance of certification. • Sufficient faculty are employed within the PA program to allow faculty members to take time to attend CME or other professional development seminars. • Discussions with PD and <i>principal faculty</i> to verify <i>sufficient</i> release time and financial resources are provided by the institution. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Financial resources include support for the program director and PA <i>principal faculty</i> members to maintain their <i>NCCPA</i> certification status, for payment of fees related to certification maintenance and for licensure fees. 	
A1.03b	The sponsoring institution <i>must</i> provide <i>sufficient</i> release time and financial resources in support of the <i>program director</i> and <i>principal faculty</i> , as applicable to the job description, for: <ul style="list-style-type: none"> b) professional development directly relevant to PA education.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How much release time is available for the program director and each <i>principal faculty</i> to obtain professional development directly related to PA education? • How much funding per year is allocated by the institution for the program director and each <i>principal faculty</i> to obtain professional development directly related to PA education? • Is the time and financial support outlined deemed <i>sufficient</i> for the program director and <i>principal faculty</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Budget line item(s) for professional development. 	

- Documentation in the program director and *principal faculty* files of professional development related to PA education (e.g. CV, NCCPA CME detailed list, etc.).
- Sufficient faculty are employed within the PA program to allow for the time to attend professional development.
- Discussions with the PD and faculty to verify *sufficient* release time and financial resources are provided by the institution.

Of note:

- Professional development directly related to PA education involves remaining current with clinical and academic skills and developing new skills needed for PA faculty position responsibilities.
- Topics directly related to PA education include those topics taught by the program director and principal faculty.

A1.04

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

FOCUSED QUESTIONS

- What are the academic support services available to all PA students? Are these the same as for all other students?
- What are the *student services* available to all PA students? Are these the same as for all other students?

ESSENTIAL EVIDENCE

- Program Information regarding access to academic support and *student services equivalent* to those of similar students enrolled at the sponsoring institution.
- Policies that address *student services* when students are assigned to clinical *rotations*.
- Web pages listing *student services* that detail availability to all students at the institution.
- Discussions with the faculty, students, and administration.

Of note:

- Academic support services examples may include group or individual tutoring, academic accommodations, an academic resource center for study skills, writing center, or learning specialists.
- Student services examples may include career services, financial aid services, student organizations, well-being services, health clinic services, mental health services, IT support services.

- “Other comparable students of the institution” is interpreted as students that the program deems most similar to the PA students as it relates to the services being considered (e.g. all other graduate students, all students at the institution, all professional program students, etc.)
- The description in the application is supported by the program’s evidence of evaluation of sufficiency and effectiveness of *student services* as outlined in the self-study report.

A1.05

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

FOCUSED QUESTIONS

- If there is a distant campus, what *student services* are available there? How do they compare to the main campus?
- If there is a distant campus, what student resources are available there? How do they compare to the main campus?
- Student Feedback: Are there any resources that you do not have access to that the students on the other campuses utilize?

ESSENTIAL EVIDENCE

- Materials/documents/comparison tables/webpage from each campus site listing academic support resources, *student services*, and resources for both students and faculty displayed in a way that demonstrates equivalency.
- Discussions with students and faculty to determine if the academic and *student services* are *comparable* between campus locations.

Of note:

- This standard only applies to programs with one or more distant campuses.
- The types of services and resources that help students reach their academic and career goals typically include academic advising, tutoring, career services, financial aid, computing and library resources and access.
- Faculty services and resources include those that are available to faculty at the main campus, such as computing and technology resources, library resources and access, and employee assistance.
- The program is expected to inform students and faculty if certain services are only available to them on the main campus.
- See Glossary - the term *should* designates requirements so important that their absence *must* be justified by the program by providing a compelling reason, acceptable to the ARC-PA, for not providing them (expected in application narrative and discussions at site visit).

A1.06	The sponsoring institution <i>must</i> provide the program with <i>sufficient</i> financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the current budget <i>sufficient</i> to operate the program? • What is the budgetary process to request additional funding? • What resources does the program need but does not have? • What resources have been requested but not provided by the institution? • Is there a process for mid-year emergency funding to be made available if needed? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Budget indicating that resources are assured for current classes. • Up-to-date and appropriate quantity of equipment and supplies purchased from the program budget. • Budget spreadsheet demonstrating stability of budget over time. • The program's description in the application is supported by the program's evidence related to the sufficiency of financial resources outlined in the self-study report (Appendix 14B). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Additional considerations for program evidence include: <ul style="list-style-type: none"> ○ Analysis of student and faculty <i>attrition</i> demonstrating resources were not a primary cause for <i>attrition</i>. ○ Analysis of the program goals demonstrating <i>sufficient</i> resources were available to meet the program's goals as appropriate. 	
A1.07	The sponsoring institution <i>must</i> provide the program with the human resources, including <i>sufficient</i> faculty, <i>administrative</i> and <i>technical staff</i> , necessary to operate the educational program, comply with the <i>Standards</i> , and fulfill obligations to matriculating and enrolled students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How many FTE faculty did the program's self-assessment determine to be <i>sufficient</i> (SSR appendix 14G)? Administrative and technical staff? • Are the current faculty and staff <i>sufficient</i>? 	

<ul style="list-style-type: none"> • Do faculty and staff have appropriate time to fulfill their respective job responsibilities, including assuring program compliance with accreditation standards? • Students – When you need a faculty member or one of the staff members to help you, are they available within a reasonable time frame? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • All faculty and staff positions are filled, and each is working the number of hours per week designated for their position without long-term overages. • Ensure adequate administrative and technical support staff are available to assist faculty in fulfilling their duties and to ensure program compliance with established standards. • No reduction in faculty or staff positions from prior years (without appropriate justification). • Faculty duties do not include those typically completed by administrative or technical support staff and vice versa. • The response is supported by the program’s evidence related to the <i>sufficiency</i> of human resources to operate the program outlined in the self-study report (Appendix 14B, 14G). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • 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. • This standard does not require dedicated technical staff, but technical staff <i>must</i> be available as needed. 	
<p>A1.08</p>	<p>The sponsoring institution <i>must</i> provide the program with the physical facilities to operate the educational program in accordance with the <i>Standards</i> and to fulfill its obligations to matriculating and enrolled students.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Does the program have <i>sufficient</i> space (to include classrooms, offices, and labs) to operate the program? • How often are class or lab sessions canceled or rescheduled due to lack of a classroom? • If the program does not have a dedicated classroom or lab space, how are these spaces reserved? • Do faculty and staff have access to private rooms for counseling students or other sensitive meetings? 	
<p>ESSENTIAL EVIDENCE</p>	

- Program’s description of physical facilities as provided in the application and verified at the time of the visit.
- Space is appropriate for the number of students, faculty, and staff.
- Consistency is demonstrated between what is described in the application and reported in Appendix 1c.
- The program’s description in the application is supported by the program’s evidence related to the *sufficiency* of physical resources outlined in the self-study report (Appendix 14B).

Of note:

- Physical facilities relate to offices, classrooms, and other educational spaces. This includes space to provide confidential academic counseling of students by the program director and *principal faculty*, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities *sufficient* in number and size and appropriate in design to meet their intended use, and appropriate classroom and laboratory space conducive to student learning.

A1.09

The sponsoring institution *must* provide the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.

FOCUSED QUESTIONS

- Can the program access the online instructional and reference materials using the internet on campus (any internet speed issues)?
- Are there any books, journals, or other reference materials for which the program needs access but does not have?

ESSENTIAL EVIDENCE

- Program description (list of materials) as provided in the application and verified at the time of the visit.
- Discussions with faculty, students, and administration support the application narrative.
- The program’s application narrative is supported by evidence related to the *sufficiency* of institutional support for technical and academic resources outlined in the self-study report (Appendix 14B).

Of note:

- Instructional resources include computer and audio/visual equipment in classrooms and labs; instructional materials like PowerPoints or study guides; technological resources that provide access to the Internet, medical information, and current literature; the full text of current books, journals, periodicals, and other reference materials related to the curriculum and support evidence-based practice.

<p>A1.10a</p>	<p>The sponsoring institution <i>must</i> support the program in:</p> <p>a) securing clinical sites and <i>preceptors sufficient</i> in number to allow all students to meet the program’s <i>learning outcomes for supervised clinical practice experiences</i> and</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Does the program have <i>sufficient sites/preceptors</i> of each specialty needed for the number of students in the clinical year? • What is the sponsoring institution doing to help recruit <i>preceptors</i>? • What does the sponsoring institution do to help retain <i>preceptors</i>? • Do these sites and <i>preceptors</i> allow students to meet the program <i>learning outcomes</i> and <i>Standards</i>? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Program description as provided in the application, Portal, and verification at the time of the visit. • Review of program committee minutes, and budget, as appropriate, that provide evidence the institution provides support to recruit and maintain <i>preceptors</i> and clinical sites in the <i>United States</i>, including assessing sites and <i>preceptors</i>. • Evidence the sites and <i>preceptors</i> allow students to meet the program <i>learning outcomes</i> and <i>Standards</i>. • Clearly stated and implemented strategies that entail specific institutional involvement and support for obtaining (or recruiting) US sites and <i>preceptors</i>, maintaining existing sites and <i>preceptors</i>, and collaborating with the PA program to forecast potential clinical site shortages due to internal and external stressors. • Discussions with institutional officials, program faculty, and support personnel. • Consistency is demonstrated from what is described in the application and Standard B3.01, Appendix 11a, and the program portal. • The program’s description in the application is supported by the program’s evidence related to the sufficiency of clinical sites and <i>preceptors</i> outlined in the self-study report. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Examples of support include offering <i>preceptors</i> faculty status, access to campus resources, access to campus events, funding CME, recruiting events hosted by institutional officials, institutional officials meeting with physician groups or hospitals to recruit for entire systems, etc. 	

A1.10b	<p>The sponsoring institution <i>must</i> support the program in:</p> <p>b) ensuring all <i>required rotations</i> are located within the <i>United States</i>.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have any required <i>rotations</i> outside of the <i>United States</i>? • Are the <i>rotations</i> that are outside of the <i>United States</i> limited to elective <i>rotations</i> that may be specifically requested by students? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program description as provided in the application, the rotation schedule, the program portal, and verification at the time of the visit. • Discussions with students to confirm required <i>rotations</i> are in the <i>United States</i>. • Consistency is demonstrated from what is described in the application and reported in Appendix 11a, Appendix 11b, and the program’s portal. 	
A1.11a	<p>The sponsoring institution <i>must</i>, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p>a) supporting the program in having a documented action plan for <i>diversity, equity, and inclusion</i>,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the program’s action plan for DEI for faculty, staff, and students? • What is the timeline for implementation of the action plan? • What role/support did the institution provide in the development of the program’s action plan? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The PA program has a written action plan that includes all three (3): <i>diversity, equity, & inclusion</i> that also includes all three (3) groups: students, faculty, and staff. • Evidence of institutional support for the PA program’s created action plan. • Meeting minutes documenting the collaboration between institutional officials and the PA program in developing the action plan. 	

<ul style="list-style-type: none"> • Evidence that the action plan has begun implementation by the program. • Discussions with faculty, staff, students, and administration. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Publication of the action plan on the program’s website or its <i>inclusion</i> in the program’s published goals is not required. • The institution may also have an action plan, but it does not serve in place of the PA program having its own action plan. 	
A1.11b	<p>The sponsoring institution <i>must</i>, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p style="padding-left: 40px;">b) supporting the program in implementing recruitment strategies,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the program’s recruitment strategies for students that are related to DEI? For faculty? For staff? • What does the institution do to support these recruitment strategies? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program <i>must</i> demonstrate how the sponsoring institution supported/is supporting the implementation of each of the strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc). • Recruitment strategies that are defined and implemented addressing all three (3) groups: students, faculty, and staff. • Each strategy specifically ties to <i>diversity, equity, and/or inclusion</i>. • Evidence that the strategies have been implemented. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Strategies could include outreach resources (ads, flyers), university admissions presentations, human resources department engagement, institutional recruiting office initiatives, and advertising open positions specifically to attract diverse candidates, create equity, and improve inclusion. 	
A1.11c	<p>The sponsoring institution <i>must</i>, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p>

	c) supporting the program in implementing retention strategies, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the program’s retention strategies for students that are related to DEI? For faculty? For staff? • What does the institution do to support these retention strategies? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program <i>must</i> demonstrate how the sponsoring institution supported/is supporting the implementation of each of the strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc.). • Retention strategies that are defined and implemented addressing all three (3) groups: students, faculty, and staff. • Each strategy specifically ties to <i>diversity, equity, or inclusion</i>. • Evidence that the strategies have been implemented. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Retention strategies might include faculty/staff professional development and/or opportunity for advancement; student support services such as academic advising, tutoring, counseling, technology resources to support learning, student engagement initiatives, efforts to foster a sense of belonging, early intervention for at-risk students, clubs or other social groups representing diverse populations, etc. 	
A1.11d	<p>The sponsoring institution <i>must</i>, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p>d) making available resources which promote <i>diversity, equity, and inclusion</i>.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Which institutional DEI resources does the program utilize? • How are the students, faculty, and staff made aware of these resources? 	
ESSENTIAL EVIDENCE	

<ul style="list-style-type: none"> A list of the DEI Institutional resources available to all three groups: students, faculty, and staff, with clear designations indicating who the resources are intended for (students, faculty, and/or staff) and which category(ies) the resource addresses: diversity, equity, or inclusion. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Resources may include, but are not limited to, inclusive pedagogy, professional development in DEI strategies and cultural competence, office of <i>diversity</i> or personnel, affinity groups/clubs, specific programming or activities related to DEI (list individually), etc. 	
A2.01	All <i>program faculty</i> must possess the educational and experiential qualifications to perform their assigned duties.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the educational requirements for program faculty? What are the experiential requirements for faculty? How are faculty members evaluated to ensure that they have these qualifications? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program-determined educational and experiential qualifications are documented for <i>program faculty</i> (program director, medical director, principal faculty and <i>instructional faculty</i> (IF)). Current CVs and job descriptions included in the application (Appendix 4c), and available during the site visit, demonstrate that all program faculty meet the educational and experiential qualifications identified in their respective job descriptions. Discussions with faculty and administration. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Alignment of program faculty hired for the program is demonstrated through the completed Program Datasheet (Appendix 1a), diagram or description of the organizational structure of the PA program (Appendix 4a), Program Personnel Excel Export (Appendix 4b), and the submitted CV's and job descriptions (Appendix 4c). 	
A2.02a	<p>The program <i>must</i> have:</p> <p>a) <i>program faculty</i> that include the program director, <i>principal faculty</i>, <i>medical director</i>, and <i>instructional faculty</i>, and</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Identify the Program Director, Principal faculty members, Medical Director, and Instructional Faculty members. To each – Please describe your position/role at the PA program. 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List of program director, medical director, principal faculty, all didactic and clinical <i>instructional faculty</i> with names and roles. Alignment is demonstrated between the completed Program Datasheet (Appendix 1a) and the submitted CV's and job descriptions (Appendix 4c). The evidence provided aligns with the information submitted by the program under the personnel tab in the portal. Discussions with <i>program faculty</i> during the visit. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Instructional faculty are those assigned less than 50% FTE to the program. 	
A2.02b	The program <i>must</i> have: b) at least three FTE <i>principal faculty</i> , of which two FTE <i>principal faculty must</i> be PAs who are currently <i>NCCPA-certified</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> How many principal faculty are there? How many are PA-Cs? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List of principal faculty from A2.02a. The Program Datasheet indicates at least two FTE principal faculty are currently NCCPA-certified. Faculty CVs indicate at least two FTE <i>principal faculty</i> are currently <i>NCCPA-certified</i>. Faculty files include evidence of current NCCPA certification for at least two (2) PA-C <i>principal faculty</i>. Discussions with principal faculty. <p><i>Of note:</i></p>	

- This Standard applies to all programs, from the initial phase for applicant programs to the teach-out phase for closing programs.
- See Glossary - the term “principal faculty” does not include the program director.
- Alignment of principal faculty hired for the program is demonstrated through the completed Program Datasheet (Appendix 1a), Program Personnel Excel Export (Appendix 4b), and the submitted CV’s and job descriptions (Appendix 4c).

A2.03

Principal faculty must be sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.

FOCUSED QUESTIONS

- How many principal faculty are there? Is this number *sufficient*?
- What are the primary responsibilities of each principal faculty member?
- How many students does each principal faculty member advise?
- What types of teaching/instructional support are there at the institution for faculty to use? (i.e. instructional design, instructional tech)
- How many hours per week or month does each faculty member devote to committee service? Clinical work? Research?
- To students – Are faculty consistently able to provide the help that you need from them?
- To faculty – Do you consistently have enough time to devote to the needs of the students?
- To faculty – Do you consistently have enough time to devote to your administrative responsibilities including program assessment?

ESSENTIAL EVIDENCE

- Faculty position descriptions, FTE status of faculty, program or institutional faculty workload formulas/calculations, if available.
- The *analysis* results and conclusions of the program’s self-assessment in Appendix 14G support principal faculty sufficiency. Specifically, it assesses whether the program’s collected data meets its defined benchmark and is further supported by the program’s critical *analysis* process.
- The program’s description in the application is supported by the program’s evidence related to the *sufficiency* of *principal faculty* outlined in the self-study report.
- Discussions with faculty, students, and administration.

Of note:

- The “*sufficient*” number of *principal faculty* may significantly exceed the minimum number indicated in the Standard depending on the curricular design (large classroom vs. small group), academic and administrative complexity of the program, the experience of faculty, the

percentage of program coursework faculty teach and/or manage, various responsibilities assigned to faculty outside of the classroom, committee work, academic advising and *remediation*, clinical *rotation* site visits, admissions screening and decision-making, scholarly work or grant writing, clinical practice, the number of *instructional faculty* utilized, university educational support services, and university *student services*.

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.

FOCUSED QUESTIONS

- Are there university privileges that are provided for some faculty, but not all?
- Are the promotion and tenure guidelines comparable or applicable to all faculty?
- Are university committee appointments comparably available to all faculty?

ESSENTIAL EVIDENCE

- Institutional faculty manual and/or policies related to employment, university privileges like committee membership, and classification/rank/P&T guidelines apply to all faculty including PA faculty. Some may be college-specific but comparable across the institution.
- Discussions with institutional officials and program faculty.

Of note:

- A master’s degree is recognized as the terminal degree for PA.
- See Glossary - the term “*should*” designates requirements so important that their absence *must* be justified by the program with a compelling reason(s) acceptable to the ARC-PA.

A2.05a

Principal faculty and the program director *must* be responsible for, and actively participate in the processes of:
 a) developing, reviewing, and revising as necessary the mission statement, *goals* and *competencies* of the program,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • When do the faculty and program director review the program mission? Goals? Competencies? • Who is involved? • How do the program director and principal faculty participate in developing, reviewing, and revising the mission statement? Goals? Competencies? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program provides evidence of the program’s mission statement (Appendix 4e or URL) and goals (Appendix 4f or URL) • Program meeting/retreat minutes that demonstrate evidence of review and any needed revisions related to each of these three aspects: mission, goals, <i>competencies</i> (e.g. retreats or committee meetings for curriculum, student progress, program assessment, etc). • Identification of this as a job responsibility listed on program faculty job descriptions. • Completion of the Personnel Responsibilities Template (Appendix 4d) for each program faculty member. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director. • Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d). 	
A2.05b	<p><i>Principal faculty</i> and the program director <i>must</i> be responsible for, and actively participate in the processes of:</p> <p>b) selecting applicants for admission to the PA program,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is involved in admissions? • How do the program director and principal faculty participate in applicant selection? 	
ESSENTIAL EVIDENCE	

- Documentation of the student selection process, including the role of faculty (meeting minutes, schedule, admissions day planning documents).
- Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty.

Of note:

- This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director.
- Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d).

A2.05c

Principal faculty and the program director *must* be responsible for, and actively participate in the processes of:
 c) providing student instruction,

FOCUSED QUESTIONS

- Who is involved in providing student instruction?
- How do the Program Director and principal faculty participate in providing student instruction?

ESSENTIAL EVIDENCE

- Documentation of each faculty member’s course and instruction responsibilities, course listings with primary instructors identified, daily academic schedule listing instructors.
- Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty.

Of note:

- This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director.
- Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d).

A2.05d	<i>Principal faculty</i> and the program director <i>must</i> be responsible for, and actively participate in the processes of: d) evaluating student performance,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible for and involved in evaluating student performance? • How do the Program Director and principal faculty participate in providing student instruction? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Description of the faculty role in evaluating student performance. • Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director. • Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d). 	
A2.05e	<i>Principal faculty</i> and the program director <i>must</i> be responsible for, and actively participate in the processes of: e) academic counseling of students,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible for and involved in the academic counseling of students? • How do the Program Director and principal faculty participate in providing academic counseling of students? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of faculty-student academic counseling sessions and academic counseling referrals (if offered). 	

- Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty.

Of note:

- This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director.
- Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d).

A2.05f

Principal faculty and the program director *must* be responsible for, and actively participate in the processes of:
 f) assuring the availability of remedial instruction,

FOCUSED QUESTIONS

- Who is responsible for and involved in assuring the availability of remedial instruction?
- How do the Program Director and principal faculty participate in assuring the availability of remedial instruction?

ESSENTIAL EVIDENCE

- Program’s description of their *remediation* process.
- Documentation in student or program records regarding remedial instruction that follows the program’s process.
- Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty.

Of note:

- This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director.
- Ensuring the availability of remedial instruction means that the actual remedial instruction could come from other *instructional faculty*, tutors, adjuncts, institutional faculty, etc.
- Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d).

A2.05g	<i>Principal faculty</i> and the program director <i>must</i> be responsible for, and actively participate in the processes of: g) designing, implementing, coordinating, and evaluating the curriculum, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible, and who is involved – in each of the four (4) aspects of the substandard? • What is the process for curriculum design, implementation, coordination, and evaluation? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Meeting minutes or other evidence of curricular design/redesign and implementation of changes, coordination, and evaluation of the effectiveness of the curriculum. • Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director. • Evaluation of the curriculum is also discussed in Appendix 14C and 14D. • Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d). 	
A2.05h	<i>Principal faculty</i> and the program director <i>must</i> be responsible for, and actively participate in the processes of: h) evaluating the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible, and who is involved? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Meeting minutes or other evidence of the personnel responsible for and involved in program evaluation. • Completion of the Personnel Responsibilities Template (Appendix 4d) for each faculty. 	

Of note:

- This standard does not mandate participation from all program faculty. Furthermore, it does not restrict participation solely to the principal faculty and the program director.
- Alignment of responsibilities is demonstrated between the individual job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d).

A2.06a

The program director *must* be a PA.

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

FOCUSED QUESTIONS

- If the program director was appointed on 9/1/2020 or after, are they a PA?
- Did the program director have 3 years of full-time higher education experience at the time of appointment?
- How many years of higher educational experience did the program director possess at the time of their appointment?

ESSENTIAL EVIDENCE

- Job description that includes the requirements of the program director.
- Current CV documenting higher education experience totaling up to the equivalent of three (3) years of full-time work.
- Acceptable higher education experience includes:
 - Principal Faculty in PA program
 - Faculty appointment outside of a PA program
 - Administrative appointments in higher education
- Program Director file includes evidence of PA degree.
- The calculation of the 3 years of full-time experience may need to be documented if several part-time or partial appointments add up to the equivalent of 3 years of full-time experience.

Of note:

- Program directors appointed before 9/1/2020 *should* be a PA, those appointed on or after 9/1/2020 *must* be a PA.
- Program directors appointed before 9/1/2020 *should* have at least 3 years of higher education experience at the time of appointment, those appointed on or after 9/1/2020 *must* have at least 3 years of higher education experience at the time of appointment.

- Not acceptable as higher education experience: consultant, adjunct, guest instructor, graduate/teaching assistant, staff, *preceptor*, clinical positions, research.
- When a non-PA program director resigns from the role, the program *must* appoint a PA as the new program director. The previous non-PA director cannot resume the role after officially resigning, except in the case of a sabbatical, which does not count as resigning from the role.
- Alignment of the institution’s requirements and evidence that the program director met those requirements at the time of hire is demonstrated in the Program Datasheet (Appendix 1a), the Program Personnel Excel Export (Appendix 4b), the PD CV Template (Appendix 4c), and the PD Job Description (Appendix 4c)

A2.06b

The program director *must* be a PA.

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

FOCUSED QUESTIONS

- Is the program director’s contract for a full 12 months?
- Is the program director’s contract for full-time work?
- Is 80% or more of the program director’s time devoted to academic and administrative responsibilities for the PA program?

ESSENTIAL EVIDENCE

- Program Datasheet (Appendix 1a) is completed and indicates the FTE percent of the PD.
- The Program Personnel Excel Export (Appendix 4b) is completed.
- The CV Template (Appendix 4c) is completed and indicates the FTE percent of the PD.
- The PD job description includes evidence of FTE and assignment to the program.
- The job description indicates a 12-month full-time position.

Of note:

- The program director may hold other leadership roles within the institution or allocate time to clinical practice or research. However, it is required that the program director dedicate 80% of their time to academic and administrative responsibilities for the program.
- Alignment of the institution’s requirements and evidence that the program director met those requirements at the time of hire is demonstrated in the Program Datasheet (Appendix 1a), the Program Personnel Excel Export (Appendix 4b), the PD CV Template (Appendix 4c), and the PD Job Description (Appendix 4c)

A2.06c	The program director <i>must</i> be a PA. c) The program director <i>must</i> hold current or emeritus <i>NCCPA</i> certification status.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is the program director a certified PA or emeritus PA? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A copy of the current <i>NCCPA</i> certification document. Program Datasheet (Appendix 1a) is completed. The Program Personnel Excel Export (Appendix 4b) is completed. Job description that includes the requirements of the program director. The CV Template (Appendix 4c) is completed. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Alignment of the institution’s requirements and evidence that the program director met those requirements at the time of hire is demonstrated in the Program Datasheet (Appendix 1a), the Program Personnel Excel Export (Appendix 4b), the PD CV Template (Appendix 4c), and the PD Job Description (Appendix 4c) 	
A2.07	The program director <i>must</i> not be the <i>medical director</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Are the program director and medical director different people? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Institutional and Program Datasheet (Appendix 1a) and the Program Personnel Excel Export (Appendix 4b) are completed. Diagram or description of the organizational structure of the PA program (Appendix 4a). 	

- Current CVs and position/job descriptions (Appendix 4c).

Of note:

- Alignment of separately hired individuals for the PD and MD role is demonstrated across the Program Datasheet (Appendix 1a), the diagram or description of the organizational structure of the PA program (Appendix 4a), the Program Personnel Excel Export (Appendix 4b), the CV Templates (Appendix 4c), and the Job Descriptions (Appendix 4c).

A2.08a

The program director *must* provide effective leadership by exhibiting:

- a) responsiveness to issues related to personnel,

FOCUSED QUESTIONS

- How do personnel perceive the program director’s responsiveness and effectiveness in addressing their needs and concerns, and how does this impact morale and retention within the program?
- How promptly does the program director address personnel issues when they arise?
- How effectively does the program director provide support and guidance to personnel experiencing challenges or difficulties?
- Does the program director handle confidential personnel matters with discretion and sensitivity?

ESSENTIAL EVIDENCE

- Documents indicating institutional process and results of assessment of program director’s leadership and management of the program.
- Discussions with administrators, faculty and *preceptors*, program director, and students.

Of note:

- Effective leadership and management are demonstrated by the program director’s comprehensive oversight of all aspects of the program, ensuring a solid operational foundation. Effective leaders and managers pay close attention to personnel matters, program and institutional processes, and resource allocation. They employ strong communication skills, analyze situations, proactively problem-solve, and appropriately monitor, oversee, mentor, supervise, and delegate based on the individuals, setting, or issue.
- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.

A2.08b

The program director *must* provide effective leadership by exhibiting:

	b) strong communication skills, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How do faculty, staff, and students perceive the program director’s communication skills? • How effectively does the program director communicate expectations and provide feedback to faculty and staff regarding their roles and responsibilities? • Does the program director listen and respond to concerns, feedback, and suggestions of faculty, staff, and students? • How adept is the program director at adapting their communication style to different audiences (e.g. faculty/staff, students, stakeholders, etc.) and situations? • How successfully does the program director handle difficult or sensitive communication situations, such as delivering challenging news or addressing conflict? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documents indicating institutional process to evaluate the program director’s communication skills. • Results of the assessment of the program director’s leadership and management of the program. • Discussions with administrators, faculty and <i>preceptors</i>, program director, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Effective leadership and management are demonstrated by the program director’s comprehensive oversight of all aspects of the program, ensuring a solid operational foundation. Effective leaders and managers pay close attention to personnel matters, program and institutional processes, and resource allocation. They employ strong communication skills, analyze situations, proactively problem-solve, and appropriately monitor, oversee, mentor, supervise, and delegate based on the individuals, setting, or issue. • When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. 	
A2.08c	<p>The program director <i>must</i> provide effective leadership by exhibiting:</p> <p>c) proactive problem solving.</p>
FOCUSED QUESTIONS	

- How do administrative leadership, faculty, staff, and students perceive the program director’s ability to proactively identify and resolve issues?
- To what extent does the program director develop and implement proactive strategies to mitigate risks and prevent problems from occurring?
- How does the program director stay informed about industry trends, best practices, and emerging technologies to anticipate and address future challenges?

ESSENTIAL EVIDENCE

- Documents indicating institutional process to evaluate the program director’s performance related to problem solving.
- Results of assessment of program director’s leadership and management of the program.
- Discussions with administrators, faculty and *preceptors*, program director, and students.

Of note:

- Effective leadership and management are demonstrated by the program director’s comprehensive oversight of all aspects of the program, ensuring a solid operational foundation. Effective leaders and managers pay close attention to personnel matters, program and institutional processes, and resource allocation. They employ strong communication skills, analyze situations, proactively problem-solve, and appropriately monitor, oversee, mentor, supervise, and delegate based on the individuals, setting, or issue.
- When evaluating program leadership, input from supervisors, subordinates, and sometimes students are valuable.

A2.09a

The program director *must* be knowledgeable about and responsible for:
a) program organization,

FOCUSED QUESTIONS

- How do administrative leadership, faculty, staff, and students perceive the program director’s leadership in managing the program’s organization?
- How successfully does the program director collaborate with faculty and staff to coordinate course scheduling, academic advising, and other administrative functions?
- How well does the program director communicate expectations and responsibilities to faculty and staff regarding their roles in program organization and administration?

<ul style="list-style-type: none"> • How does the program director foster a culture of accountability and continuous improvement within the program’s organizational structure? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • The program director’s job description (Appendix 4c). • Diagram of institutional reporting and organizational structure as verified by discussions with faculty and institutional administrators during the visit (Appendix 4a). • Written evaluations of the program director. • Meeting minutes related to program organization with institutional administrators, program committees, retreats, etc. • Discussions with institutional administrators, the PD, faculty, staff, and students. • Other indicators of organization that are considered include: <ul style="list-style-type: none"> ○ completeness, organization, and accuracy of the application submitted, including appendices and SSR. ○ appropriate arrangements for the site visit, including the schedule and all materials prepared for visitors. ○ adherence to the <i>Standards</i> and ARC-PA policies, as well as following directions and guidelines provided by the ARC-PA. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. 	
<p>A2.09b</p>	<p>The program director <i>must</i> be knowledgeable about and responsible for:</p> <p style="padding-left: 40px;">b) program administration,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How well does the program director demonstrate an understanding of the administrative aspects of the program? (e.g. admissions, faculty and staff management related to recruiting, hiring, and evaluation, accreditation compliance, SCPE coordination, student support services, etc.) • To what extent does the program director oversee the development, implementation, and evaluation of administrative policies and procedures to ensure consistency in application and compliance? • How well does the program director handle administrative tasks such as program accreditation, faculty/ staff recruitment and hiring, admission procedures, etc.? • How does the program director ensure that students receive adequate support services, such as academic advising and tutoring, to facilitate their success in the program? 	

<ul style="list-style-type: none"> How well does the program director work with other institutional units to ensure PA program success? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The program director’s job description (Appendix 4c). Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc.). Meeting minutes related to program administration with institutional administrators, program committees, retreats, etc. Discussions with institutional administrators, the PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. 	
<p>A2.09c</p>	<p>The program director <i>must</i> be knowledgeable about and responsible for:</p> <p style="padding-left: 20px;">c) fiscal management of the program,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> To what extent does the program director develop and oversee the annual budget for the program? How effectively does the program director monitor and manage expenditures to ensure fiscal responsibility and compliance with budgetary constraints? How does the program director advocate for adequate funding and resources to support the program’s needs, both within the institution and externally? How well does the program director prioritize and allocate resources to address critical issues that arise within the program? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The program director’s job description specifically includes the fiscal management of the program (Appendix 4c). Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc.). Meeting minutes related to the fiscal management of the program with institutional administrators, program committees, retreats, etc. Discussions with institutional administrators, the PD, faculty, staff, and students. <p><i>Of note:</i></p>	

<ul style="list-style-type: none"> When evaluating program leadership, input from supervisors and subordinates are valuable. 	
A2.09d	<p>The program director <i>must</i> be knowledgeable about and responsible for:</p> <p>d) continuous programmatic review and <i>analysis</i>,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> How do institutional administrators, faculty, and staff perceive the program director’s knowledge of programmatic review and <i>analysis</i>? To what extent does the program director effectively lead the continuous review and <i>analysis</i> of the program? How does the program director stay informed regarding the Accreditation <i>Standards</i> to ensure that their programmatic review processes and <i>analysis</i> remain in compliance? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> The program director’s job description specifically includes continuous program review and assessment (Appendix 4c). Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc.). Meeting minutes related to continuous programmatic review and <i>analysis</i> of the program with institutional administrators, program committees, retreats, etc. Discussions with institutional administrators, the PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. Overall, if the program fails to demonstrate compliance with multiple standards related to its self-assessment (C1.01 – C1.03), the Commission will call into question the program director’s compliance related to this standard. 	
A2.09e	<p>The program director <i>must</i> be knowledgeable about and responsible for:</p> <p>e) program planning,</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How do institutional administrators, faculty, staff, and students perceive the program director’s knowledge in program planning and how does this impact their confidence in the program’s direction for the future? • How does the program director ensure that program planning efforts align with institutional and regulatory requirements and accreditation standards? • How well does the program director allocate resources, including budget, personnel, and facilities, to support program planning and implementation? • How effectively does the program director monitor program progress and adjust planning efforts in response to changing circumstances or various needs of the program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program director’s job description specifically includes planning (Appendix 4c). • Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc.). • Meeting minutes related to program planning (e.g. strategic planning, routine annual planning, etc.) with institutional administrators, other institutional departments, the Program Advisory Committee, other program committees, retreats, etc. • Discussions with institutional administrators, the PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. 	
A2.09f	The program director <i>must</i> be knowledgeable about and responsible for: <ul style="list-style-type: none"> f) program development,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How well does the program director identify emerging trends or technologies in the field to guide program development? • How does the program director oversee program development efforts? 	

- How does the program director allocate resources, including budget, personnel, and facilities, to support program development initiatives?
- How effectively does the program director communicate program development plans and progress to institutional administrators, faculty, staff, and other stakeholders?
- To what extent does the program director collaborate with faculty and other stakeholders to support program development?
- What new developments have occurred in the program in the past few years? Are there any upcoming new developments?

ESSENTIAL EVIDENCE

- The program director’s job description (Appendix 4c).
- Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc.).
- Meeting minutes related to program development with institutional administrators, other institutional departments, the Program Advisory Committee, other program committees, retreats, etc.
- Evidence of new developments in the program. Examples include but are not limited to new recruiting methods, new teaching strategies, new approaches to the clinical year, expansion, new *inclusion* or institutional relationships.
- Discussions with institutional administrators, the PD, faculty, staff, and students.

Of note:

- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.

A2.09g

The program director *must* be knowledgeable about and responsible for:
 g) completion of ARC-PA required documents, and

FOCUSED QUESTIONS

- How familiar is the program director with the specific documentation requirements outlined by the ARC-PA for program accreditation?
- How does the program director ensure that all required ARC-PA documents are accurately completed and submitted by the specified timeframes?
- How does the program director ensure that ARC-PA documents accurately reflect the program’s current status, including any changes or improvements implemented since the previous accreditation cycle?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program director’s job description (Appendix 4c). • Written evaluations of the program director. • Meeting minutes or other documented evidence related to the completion of ARC-PA required documents with institutional administrators, other institutional departments, program committees, retreats, etc. • Discussions with institutional administrators, the PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Overall, if the program fails to submit reports or documents as required by the ARC-PA, the Commission will call into question the program director’s compliance related to this standard. Additionally, this may align with significant areas of non-compliance found in Standard E1.03. 	
A2.09h	The program director <i>must</i> be knowledgeable about and responsible for: <ul style="list-style-type: none"> h) adherence to the <i>Standards</i> and ARC-PA policies.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How successfully does the program director communicate ARC-PA requirements and expectations to faculty, staff, and students, ensuring awareness and understanding? • How does the program director promote compliance with the ARC-PA <i>Standards</i> and policies from the program? • How does the program director address instances of non-compliance with the ARC-PA <i>Standards</i> or policies? • How effectively does the program director assess the program’s adherence to the ARC-PA <i>Standards</i> and policies through regular self-assessment and review of its processes? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program director’s job description (Appendix 4c). • Written evaluations of the program director. • Meeting minutes related to program adherence to the <i>Standards</i> and ARC-PA policies with institutional administrators, program committees, retreats, etc. • Discussions with institutional administrators, the PD, faculty, staff, and students. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> Overall, if the program fails to demonstrate compliance with multiple standards, the Commission will call into question the program director’s knowledge and responsibility for compliance. 	
A2.10	The program director <i>must</i> supervise the <i>medical director, principal and instructional faculty</i> and staff in activities that directly relate to the PA program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program director supervise the medical director, principal and <i>instructional faculty</i>, and staff? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program organizational chart (Appendix 4a) demonstrating supervision of the medical director, principal faculty, staff, <i>preceptors</i> and didactic <i>instructional faculty</i> for duties related to the PA program. The <i>program faculty</i> job descriptions (Appendix 4c) indicate the program director as the supervisor for duties related to the program. When the Dean, Chair, or other superior serves as <i>instructional faculty</i> in the program, they are accountable to the program director for their instructional content. Therefore, the organizational chart reflects that the program director supervises all <i>instructional faculty</i>. These individuals will be evaluated in the same manner as all other <i>instructional faculty</i>. Discussions with administrators, faculty, staff, <i>medical director</i> and program director. <p><i>Of note:</i></p> <ul style="list-style-type: none"> When a Dean, Chair, or similar administrator serves as <i>instructional faculty</i> within the program, the PD will supervise them in this role. The standard does not mandate a specific level of reporting. Therefore, it is understandable that clinical <i>instructional faculty (preceptors)</i> might be supervised by the director of clinical education, who in turn is supervised by the program director. Alignment of the supervisor (program director) is demonstrated in the organization chart (Appendix 4a), program faculty job descriptions (Appendix 4c), and discussions with the program/ institutional administrators. 	
A2.11a	The <i>medical director must be:</i>
	<ul style="list-style-type: none"> a) a currently licensed allopathic or osteopathic physician and

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is the medical director a currently licensed allopathic or osteopathic physician? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Current CV to include licensure information including expiration date (Appendix 4c). Medical Director file includes evidence of current licensure. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The medical director may be paid or volunteer, full or part-time, with or without an academic appointment. The standard does not require licensure in the state where the program resides but rather just licensure to practice as a physician. 	
A2.11b	The <i>medical director</i> must be: <ul style="list-style-type: none"> b) certified by an <i>ABMS-</i> or <i>AOA</i> approved specialty board.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is the medical director board certified by ABMS or an AOA approved specialty board? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Current CV to include board-certification information including expiration date (Appendix 4c). Medical Director file includes evidence of current board certification. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The medical director may be paid or volunteer, full or part-time, with or without an academic appointment. <i>Medical directors</i> appointed before 3/1/06 <i>should</i> be board certified, those appointed on or after 3/1/06 <i>must</i> be board certified. 	

A2.12	The <i>medical director</i> must be an <i>active</i> participant in the program and support the development of the program <i>competencies</i> to meet current practice standards as they relate to the PA role.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Medical Director: How do you support the program? • Medical Director: In what areas of the program do you actively participate? • Medical Director: How have you supported the development (and review) of the program <i>competencies</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The job description for <i>medical director</i> (Appendix 4c) includes participation requirements and includes development and routine review of program <i>competencies</i>. • Completion of the Personnel Responsibilities Template (Appendix 4d) for the medical director. • Program documents and/or meeting minutes demonstrating the <i>medical director's</i> participation per the job description. • Discussions with the <i>medical director</i>, program director, institutional administrators, faculty, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The <i>medical director</i> supports the program director in ensuring that both didactic instruction and <i>supervised clinical practice experiences</i> meet current practice standards relevant to the PA role in providing patient care. The <i>medical director</i> must be actively involved in developing the program <i>competencies</i> and <u>may also participate</u> in developing the mission statement, providing instruction, evaluating student performance, and designing, implementing, coordinating, and evaluating the curriculum and the program. • Alignment of MD responsibilities is demonstrated between the job descriptions (Appendix 4c) and the Personnel Responsibilities Template (Appendix 4d). 	
A2.13a	<i>Instructional faculty</i> must be: <ul style="list-style-type: none"> a) qualified through academic preparation and/or experience to teach assigned subjects and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the program defined educational qualifications required for <i>instructional faculty</i>? (is it the same for didactic and clinical?) 	

<ul style="list-style-type: none"> • What are the program defined experiential qualifications required for <i>instructional faculty</i>? (is it the same for didactic and clinical?) • How are <i>instructional faculty</i> members evaluated to ensure that they have these qualifications? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The CV'S for <i>Instructional Faculty</i>. • Description of <i>instructional faculty</i> vetting process to include evaluation of academic degree and experience as they relate to the qualifications set by the program. • Evidence that <i>instructional faculty</i> have been vetted and meet the academic preparation and/or experience as required by the program. <ul style="list-style-type: none"> ○ Evidence could include, but is not limited to, individual forms completed for each <i>instructional faculty</i> member, a master spreadsheet of academic preparation and/or experience for all <i>instructional faculty</i>, or a combination of processes that may differ for didactic versus clinical faculty. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard encompasses didactic and clinical (<i>preceptors</i>) <i>instructional faculty</i>. 	
A2.13b	<p><i>Instructional faculty</i> must be:</p> <ul style="list-style-type: none"> b) knowledgeable in course content and effective in teaching assigned subjects.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How are <i>instructional faculty</i> members evaluated to ensure that they are knowledgeable in the course content? • How are <i>instructional faculty</i> members evaluated to ensure that they are effective? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The CV's for Instructional Faculty. • Description of <i>instructional faculty</i> vetting process to include evaluation of academic degree and relevant experience. • Evidence that <i>instructional faculty</i> have been vetted as knowledgeable in their assigned topic. • Evidence <i>instructional faculty</i> have been evaluated for effectiveness. 	

- Evidence could include, but is not limited to, individual forms completed for each *instructional faculty* member, a master spreadsheet of evaluations for all *instructional faculty*, or a combination of processes that may differ for didactic versus clinical faculty.

Of note:

- This standard encompasses didactic and clinical (*preceptors*) *instructional faculty*.

A2.14

In addition to the *principal faculty*, there *must* be *sufficient* didactic *instructional faculty* to provide students with the necessary attention and instruction to acquire the knowledge, skills, and *competencies* required for entry into the profession.

FOCUSED QUESTIONS

- Are there *sufficient instructional faculty*?
- How does the program determine how many didactic *instructional faculty* are needed?
- At the end of the year, what measures does the program use to evaluate whether or not it has *sufficient instructional faculty*?

ESSENTIAL EVIDENCE

- List of all *instructional faculty* involved in the didactic phase of the program, including content and hours taught.
- Table outlining each course and identifying *principal* and *instructional faculty* assigned to each course.
- Documentation from *instructional faculty* re: students with performance difficulties, documented *remediation* plans from *instructional faculty*, course syllabi for courses taught by *instructional faculty*.
- Program self-assessment data *analysis* results and conclusions (Appendix 14G) define and support the *sufficiency* of didactic *instructional faculty*.
- Program self-assessment data *analysis* results and conclusions from Appendix 14C support that the didactic curriculum (as designed and taught by the principal and *instructional faculty*) was effective.

A2.15

The program *should* not rely primarily on resident physicians for didactic instruction.

FOCUSED QUESTIONS

- Does the program employ resident physicians for didactic instruction?
- If yes, what proportion of the didactic instruction is delivered by resident physician instructors?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List of credentials for <i>instructional faculty</i> teaching in the didactic phase of the program. List of all <i>instructional faculty</i> involved in the didactic phase of the program, including content and hours taught. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term <i>should</i> designate requirements so important that their absence <i>must</i> be justified by the program with a compelling reason, acceptable to the ARC-PA. Relying primarily on residents would entail having 50% or more of the didactic instruction hours delivered by resident physician instructors. 	
A2.16	All <i>instructional faculty</i> actively serving as <i>supervised clinical practice experience preceptors</i> must hold a valid license to practice at the clinical site.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What is the vetting process for <i>preceptors</i>? How is verification of licensure completed? By whom? How frequently? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Written procedure describing how the program determines and maintains current licensure information for <i>preceptors</i>. List of all <i>preceptors</i> with current licensure (current license information with expiration date). <p><i>Of note:</i></p> <ul style="list-style-type: none"> It is the program’s responsibility to verify that the <i>preceptors</i> hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the sites used for <i>supervised clinical practice experiences</i> is not verification that individuals hold valid licenses. 	
A2.17a	In each location to which a student is assigned for didactic instruction or <i>supervised clinical practice experiences</i> , the program <i>must</i> :

	<p>a) inform the student which <i>principal or instructional faculty</i> member is designated by the program to assess and supervise the student's progress in achieving the <i>learning outcomes</i> it requires of students and how to contact this faculty member, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How are the students informed of the faculty member (name and contact information) who is assigned to assess and supervise them? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Course syllabi identify the instructor of record. • Written procedure/evidence of informing students of their assigned <i>supervised clinical practice experience preceptors</i>. 	
A2.17b	<p>In each location to which a student is assigned for didactic instruction or <i>supervised clinical practice experiences</i>, the program <i>must</i>:</p> <p>b) orient all <i>instructional faculty</i> to specific <i>learning outcomes</i> it requires of students.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How are <i>instructional faculty</i> oriented to the <i>learning outcomes</i> expected of students in the didactic phase? • How are <i>instructional faculty</i> oriented to the <i>learning outcomes</i> expected of students in the SCPEs? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Orientation materials prepared for <i>instructional faculty</i>, including <i>preceptors</i>. • Correspondence from the program to didactic and clinical <i>instructional faculty</i>. • Discussions with <i>instructional faculty</i> and students. 	
A2.18a	<p><i>Administrative support</i> for the program <i>must</i> be:</p> <p>a) at least a 1.0 FTE position dedicated exclusively to the program, and</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there at least 1.0 FTE administrative staff support dedicated to the program? • How many support staff positions are dedicated to the program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Identification of <i>administrative support</i> personnel. • Discussions with institutional administrators, PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This position may be occupied by more than one person. • <i>Administrative support</i> personnel report to the program director during the time assigned to the program. • The number of individuals providing <i>administrative support</i> to the program may need to be more than the 1.0 FTE minimum due to the number of students, the academic and administrative complexity of the program, and the responsibilities assigned to faculty and staff within the program. • Non-PA students who may be assigned to the program as student-workers are not counted in the minimum 1.0 FTE. 	
A2.18b	<p><i>Administrative support</i> for the program <i>must</i> be:</p> <p><i>b) sufficient</i> in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How many support staff positions are dedicated to the program? • Does the program have <i>sufficient</i> support to manage the administrative responsibilities of the program? • Is the support <i>sufficient</i> for the complexity of the program? • Is the support <i>sufficient</i> given the total enrollment? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documented process to determine the sufficiency of administrative support. 	

- Staff position descriptions, FTE status of staff, program or institutional staff workload formulas/calculations, if available.
- The *analysis* results and conclusions of the program’s self-assessment in Appendix 14 support staff sufficiency. Specifically, it assesses whether the program’s collected data meets its defined benchmark and is further supported by the program’s critical *analysis* process.
- Discussions with faculty, students, and staff.

Of note:

- Alignment of *Administrative support* personnel indicated by the program is demonstrated on the program’s portal and all additional evidence provided by the program. (This may include but is not limited to: the Program Datasheet (Appendix 1a), the Program Personnel Excel Report (Appendix 4b), the Personnel Responsibilities Template (Appendix 4d), the ARC-PA Faculty and Staff Changes Template (Appendix 14G), and the program’s website.

A significant number of A3 *Standards* include the verbiage “define, publish, make *readily available* and consistently apply”. For each of these standards, the Commission expects the program to **define** (i.e. write the policy) **and publish** the respective policy and/or procedure. The policy and/or procedures *must be readily available*. This means that it should be easy to find. For standards that require information to be *readily available to prospective students*, this requires that the information is easily accessible to the general public and intuitive to find. It should not be buried in the program’s website/documents where the general public (any *prospective student*) would not know to look. Finally, the policy/procedure *must be consistently applied* which means that it is applied to all similar situations in a similar way. At the time of the site visit and within the program’s documents, there *must not* be any evidence that the program is not consistently following its own policies and procedures or treating some individuals or groups differently under the same policy or procedure.

A3.01

Program policies *must* apply to all students, *principal faculty* and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.

FOCUSED QUESTIONS

- Where are the program policies found?
- How do the students, principal faculty, and program director know that the policies apply to them regardless of locations such as on campus, at distant campuses, and at clinical sites?

ESSENTIAL EVIDENCE

- Evidence of the program policies to state they apply regardless of the instruction or work location.

<ul style="list-style-type: none"> • Discussions with students and faculty affirming that program policies apply to all students and faculty at the main campus, satellite campuses, clinical sites, and anywhere instruction occurs. • Signed clinical affiliation agreement or memorandum of understanding specifying policies at the clinical site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Student, faculty, and the PD files, along with discussions, support that the program is consistently applying its policies, except in cases where specific signed clinical affiliation agreements or memoranda of understanding have policies that supersede the program’s policies at the clinical sites. 	
A3.02	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply its policies and practices to all students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are the program policies published? • To the students – Do you know of any students or groups who are not held to the program policies in the same way as others? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Verification of the program’s description, as provided in the application, to demonstrate policies and practices equally apply to all students. Supporting evidence may include discussions with students and a review of policy infractions documented within student records. • Program policies and procedures. • Acknowledgments signed by students. • Meeting minutes of policy review and/or application. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Student files and discussions support that the program consistently applies its policies. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.03	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply a policy for prospective and enrolled students that they <i>must</i> not be required to provide or solicit clinical sites or <i>preceptors</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students <i>must</i> not be required to provide or solicit clinical sites and <i>preceptors</i>? • Where is this policy published so that prospective and enrolled students can easily and intuitively locate it? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program policies and procedures, including a policy stating prospective and enrolled students are not required to provide or solicit clinical sites or <i>preceptors</i> which is published. • Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.04	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply a policy that PA students <i>must</i> not be required to work for the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students <i>must</i> not be required to work for the program? • Where is this policy published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy stating PA students are not required to work for the program is published in a location that is intuitive and easy to locate. • Discussions with enrolled students show that the policy is applied to all students equally. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies consistently. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.05a	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply a policy that PA students <i>must</i> not substitute for or function as: <ul style="list-style-type: none"> a) <i>instructional faculty</i> and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students <i>must</i> not substitute for or function as <i>instructional faculty</i>? 	

<ul style="list-style-type: none"> Where is this policy published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program policies and procedures, including a policy stating PA students will not substitute for or function as <i>instructional faculty</i>. Discussions with enrolled students that state that PA students are not functioning as <i>instructional faculty</i> such as being required to teach a class session in lieu of a faculty member. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Files and discussions support that the program consistently applies its policies. This standard does not preclude PA students from acting as peer tutors. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.05b	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply a policy that PA students <i>must</i> not substitute for or function as: <ul style="list-style-type: none"> b) clinical or <i>administrative staff</i>.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is there a policy indicating that students <i>must</i> not substitute for or function as <i>clinical or administrative staff</i>? Where is this policy published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A policy stating PA students will not substitute for or function as clinical or administrative staff. Discussions with enrolled students that state that students do not provide administrative staff work at the program nor provide clinical staff work while on SCPEs. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Files and discussions support that the program consistently applies its policies. Functioning as clinical staff while on SCPEs would include performing any task not ordinarily assigned to a PA student such as filling in for or acting in the role of a nurse or medical assistant. 	

<ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.06	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply a policy that PA students <i>must</i> be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is there a policy indicating that students <i>must</i> be clearly identified as PA-Students in all clinical settings? Where is this policy published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A policy stating how the program clearly identifies its students as PA students in all clinical settings. Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Files and discussions support that the program consistently applies its policies. Name tags, jacket patches/emblems, etc. seen during meetings with clinical students. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.07a	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply: <ul style="list-style-type: none"> a) a policy on immunization and health screening of students. Such policy <i>must</i> be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is there a policy on immunizations and health screenings? Where is this policy published? Is this policy based on current CDC recommendations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A policy for student health screening and immunization that is easily located by students and is based on the most current CDC recommendations for health care professionals with the addition of any state laws for the state in which the program/campus is located. 	

- Program files have documents indicating the program consistently applies its policy. This may be individual documents for each student, one document listing all students in a cohort, or other documentation method deemed appropriate by the program.
- Discussions with enrolled students.

Of note:

- Being based on the CDC recommendations means that the CDC recommended immunizations are clearly addressed as either required or recommended by the program. It does not mean that the program *must* require all of the CDC recommended immunizations.
- <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html#table-conditions> (note that the “medical condition” in the far right column is “being a healthcare provider”)
- If a state law prohibits or mandates the requirement or recommendation of an immunization, that information is included in the same location as other immunization information provided to students.
- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.07b

The program *must* define, publish, make *readily available* and consistently apply:

- b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

FOCUSED QUESTIONS

- Are there international experiences available for elective curricular components?
- If so, where are the written travel health policies published?
- Are these policies based on current CDC recommendations?

ESSENTIAL EVIDENCE

- Policies for international travel (student health screenings and immunizations) for elective curricular components are consistent with the most current CDC recommendations for health care professionals going to that area of the world.
- Discussions with enrolled students.

Of note:

- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.08a	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices <i>must</i> : a) address methods of prevention,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy on addressing student exposure to infectious and environmental hazards? • Does this policy address methods of prevention? • Where is this policy published? • Is this policy reviewed with students prior to any educational activities that would place them at risk? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy addressing student exposure to infections and environmental hazards that includes information about methods of prevention was published and available to students prior to any possible exposure. • Copies of such policies in program and institution documents meet the criteria in each of the sub-standards. • Discussions with enrolled students confirm that they were made aware of methods of prevention prior to any possible exposures. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.08b	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices <i>must</i> : b) address procedures for care and treatment after exposure, and
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Is there a policy on addressing student exposure to infectious and environmental hazards? • Does this policy address procedures for care and treatment after exposure? • Where is this policy published? • Is this policy available and reviewed with students prior to any educational activities that would place them at risk? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • A policy addressing student exposure to infections and environmental hazards that includes information about the procedure for care and treatment after exposure was published and available to students prior to any possible exposure. • Copies of such policies in program and institution documents meet the criteria in each of the sub-standards. • Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
<p>A3.08c</p>	<p>The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies <i>must</i>:</p> <p>c) clearly define financial responsibility.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Is there a policy on addressing student exposure to infectious and environmental hazards? • Does this policy clearly define who is financially responsible for any necessary treatment? • Where is this policy published? • Is this policy available and reviewed with students prior to any educational activities that would place them at risk? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • A policy addressing student exposure to infections and environmental hazards that includes information about who pays for the care related to the exposure or hazard was published and available to students prior to any possible exposure. • Copies of such policies in program and institution documents meet the criteria in each of the sub-standards. 	

<ul style="list-style-type: none"> Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Files and discussions support that the program consistently applies its policies. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.09	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply policies that preclude <i>principal faculty</i> , the program director and the <i>medical director</i> from participating as health care providers for students in the program, except in an emergency situation.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is there a policy that precludes program faculty from participating as health care providers for students in the program (except in an emergency)? Where is this policy published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A program policy that states that the program director, principal faculty, and medical director may not provide care as the health care provider for students enrolled in the program except as required in an emergency situation. Discussions with enrolled students and program faculty show that no program faculty serve as healthcare providers for PA students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Discussions support that the program is consistently applying its policies. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.10	The program <i>must</i> define, publish, make <i>readily available</i> and consistently apply written procedures that provide for <i>timely</i> access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is there a written procedure that provides for <i>timely</i> access and/or referral of students to services addressing personal issues? Where is this published? 	
ESSENTIAL EVIDENCE	

- A written procedure that is easily accessed by students that tells them how to access services to address personal issues that are impacting their role as a PA student. Timely access occurs when students are able to speak to the service provider or their office staff within an appropriate time frame for the given situation.
- Discussions with enrolled students.

Of note:

- Files and discussions support that the program consistently applies its policies.

A3.11

The sponsoring institution and program’s announcements and advertising *must accurately* reflect the program offered.

FOCUSED QUESTIONS

- Is the website current and does it accurately reflect the program?
- What other advertisements are used by the program? Are they current and accurate?
- How often is the program webpage updated?
- To the students – Now that you’re enrolled in the program, were the advertisements about the program that you viewed during your research and application time period an accurate reflection of the program?

ESSENTIAL EVIDENCE

- Institutional and program advertisements are consistent with each other and *accurately* reflect the program (includes both printed and electronic documents).
- Advertisements are not purposefully misleading.

A3.12a

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

- a) the program’s ARC-PA accreditation status as provided to the program by the ARC-PA,

FOCUSED QUESTIONS

<ul style="list-style-type: none"> Is the program’s current accreditation status (as provided by ARC-PA) published in an online location that is intuitive and easily located by students and by <i>prospective students</i>? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The website clearly describes all components of the standard. All institutional and program documents, correspondence, and websites are accurate and consistent with each other. Information is easily accessible for <i>prospective students</i>. The program’s publication uses the official wording provided by the ARC-PA exactly as written. The expectation is that this will be <i>published</i> and available on the home page of the program’s website or as a link directly from the home page. 	
<p>A3.12b</p>	<p>The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include:</p> <p style="padding-left: 40px;">b) evidence of its <i>effectiveness</i> in meeting its <i>goals</i>,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Are the program goals defined? Are they published online where a <i>prospective student</i> can easily find them? Are the goals measurable with identified benchmarks? Has the program published the specific outcomes (data summary) for each goal? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The program <i>must</i> first define its <i>goals</i>. Then the program <i>must</i> publish evidence related to each <i>goal</i> in a way that is easily interpreted by <i>prospective students</i> (such as reporting outcomes compared to goals, standards or benchmarks). The expectation is that this information will be easily recognizable from the home page of the program website in a category where a reasonable person would expect to find program <i>goals</i>. Evidence of effectiveness should be in the form of data summarized and aggregated (probably by cohort) in a way that clearly shows if the program met its benchmark during each assessment period (probably annually). A statement that the goal was achieved, or benchmark met was not <i>sufficient</i>. 	

A3.12c	<p>The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include:</p> <p style="padding-left: 40px;">c) the most current annual <i>NCCPA PANCE</i> Exam Performance Summary Report Last 5 Years provided by the <i>NCCPA</i> through its program portal, no later than April first each year,</p>
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FOCUSED QUESTIONS

- Is the most current PANCE Exam Performance Summary Report published online where a *prospective student* would be able to easily find it (or a link to it)?

ESSENTIAL EVIDENCE

- The program *must* publish the official *NCCPA PANCE* “Exam Performance Summary Report” Last 5 Years as provided by the *NCCPA* through its program portal. (This is not the same as the “Five Year First Time Taker Summary Report” which is not required to be posted). The report will reflect the most recent graduating class that has taken the *PANCE*. The expectation is this document will be easily recognizable from the home page of the program web site, in a category related to graduate outcomes, not hidden within other categories. If the link connects to a separate web page on the site, the *PANCE* report *must* be readily evident.
- The ARC-PA expects programs to have the most current results posted at all times but no later than April first each year.
- The “Exam Performance Summary Report” looks like this (from NCCPA):

**Physician Assistant National Certifying Examination
Exam Performance Summary Report**

Program Name:
Program Number:
Test Taker Status: All Test Takers

Definitions of the report headings are provided at the end of the report.
All information is current as of the date the report was generated unless otherwise specified.

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
May 2019	2019	All Takers	70	71	70	99%	91%	100%
		First Time Takers	70	70	69	99%	93%	100%
May 2020	2020	All Takers	73	75	72	98%	93%	99%
		First Time Takers	73	73	72	99%	95%	99%
May 2021	2021	All Takers	74	78	74	95%	91%	100%
		First Time Takers	74	74	71	96%	93%	100%
February 2022	2022	All Takers	68	68	68	100%	89%	100%
		First Time Takers	68	68	68	100%	92%	100%
February 2023	2023	All Takers	71	73	71	97%	89%	100%
		First Time Takers	71	71	69	97%	92%	100%

A3.12d	The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include: d) all required curricular components including <i>required rotation</i> disciplines,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are all required curricular components published online where enrolled and <i>prospective students</i> could easily find it? • Which disciplines of medicine are the students required to do SCPE’s in? Is each listed individually? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Listed curricular components include all courses including <i>required rotations</i> by specialty. If the rotation discipline is not clear by the course name (i.e. PAS 501 Rotation 1, PAS 502 Rotation 2, etc.), then the disciplines could be listed separately as a note below the curriculum. • Curriculum online is consistent with that found in Appendix 9. 	
A3.12e	The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include: e) academic credit offered by the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the academic credit offered by the program published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program publishes online, in a location easily accessible to <i>prospective students</i>, the number of credit hours per course listed in the curriculum. The credits are totaled for the whole program. 	

A3.12f	<p>The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include:</p> <p>f) estimates of all costs (tuition, fees, etc.) related to the program,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the total of all costs (to include tuition and fees), including estimates of costs, related to the program? • Where is this published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The published program costs <i>must</i> be current, include all required expenses (including those related to SCPEs), and be presented so the general public can easily determine the total cost of attendance. • The published program costs are the same as the total cost in the program’s Portal “Students” tab. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. • This information matches what is in the program’s portal. 	
A3.12g	<p>The program <i>must</i> define, publish and make <i>readily available</i> to enrolled and <i>prospective students</i> general program information to include:</p> <p>g) program required <i>competencies</i> for entry level practice, consistent with the <i>competencies</i> as defined by the PA profession,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are the program required <i>competencies</i> published in a place that is easily located by <i>prospective students</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program listed on its website all its program-defined, required <i>competencies</i> for entry-level practice in the PA profession. • These posted <i>competencies</i> match the <i>competencies</i> listed in the application and the <i>competencies</i> tested on the summative evaluation. 	

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.
- *Competencies* address all aspects required in B4.03.
- While programs may choose to utilize the Core Competencies published by PAEA as a guide, that is not a requirement.

A3.12h

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

- h) whether certain services and resources are only available to students and faculty on the main campus when the program is offered at a geographically *distant campus* location, and

FOCUSED QUESTIONS

- Does the program have a distant campus?
- If so, which services and resources are available at each campus (main and distant)? Identify both student and faculty services.
- Which of these services and resources are not available at all locations?
- Where is this information posted online so that a prospective student may easily find it?

ESSENTIAL EVIDENCE

- Program website lists which services and resources are available at each campus (main and distant) highlighting which are not available at the distant campus(es).

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.12i

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

- i) the most current annual student *attrition* information, on the table provided by the ARC-PA, no later than April first each year.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Is the most current graduating cohort's <i>attrition</i> information published on the program's website using the ARC-PA table? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> The published table includes <i>attrition</i> information for the program's graduated cohorts. Evidence that the program published the table online where a member of the general public could easily locate it. The most recent graduating cohort's information is provided as soon as it's available and no later than 4/1 each year. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. <i>Student attrition is calculated as: (# students starting with the cohort+gained into cohort/# students lost from the cohort) x100=%attrition</i> 	
A3.13	<p>The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to <i>prospective students</i>, policies and procedures to include:</p> <p style="padding-left: 40px;">a) admission and enrollment practices that favor specified individuals or groups (if applicable),</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Are the program admission policies and procedures published online where a prospective student can easily find them? Does the program have admission and enrollment practices that favor specified individuals and/or groups? If so, what are the favored criteria? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Institutional and program documents and website(s) are consistent with each other and clearly describe all components of the standard. If applicable, the program's preference for certain admission criteria (e.g., military experience, higher GPA, patient contact hours, etc.) is clearly identified. <p><i>Of note:</i></p>	

<ul style="list-style-type: none"> It is not required that the program disclose more than just a “preference.” The number of points or other scoring/ rubrics do not need to be disclosed to applicants. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.13b	<p>The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to <i>prospective students</i>, policies and procedures to include:</p> <p style="padding-left: 40px;">b) admission requirements regarding prior education or work experience,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the admission requirements regarding academic courses, degrees, and work experience? Is this published online where a <i>prospective student</i> can easily find it? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Prior education (e.g. bachelor’s degree, specific required prerequisite courses) that are required for admission are listed online where a prospective student can easily locate them. Prior work experience (e.g. patient contact hours, paid vs volunteer requirements) that are required for admission are listed online where prospective students can easily locate them. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.13c	<p>The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to <i>prospective students</i>, policies and procedures to include:</p> <p style="padding-left: 40px;">c) practices for awarding or granting <i>advanced placement</i>,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program award <i>advanced placement</i>? If so, is this policy and procedure published online where a prospective student can easily find it? 	
ESSENTIAL EVIDENCE	

- The program has a policy published on its website that explicitly states when/if *advanced placement* is and is not an option.
- If the program grants *advanced placement*, there is a procedure for how that award is made.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.13d

The program *must* define, publish, consistently apply and make *readily available* to *prospective students*, policies and procedures to include:

- d) any required academic standards for enrollment, and

FOCUSED QUESTIONS

- What are the required academic standards for admission?
- Is this published online where a prospective student can easily find it?

ESSENTIAL EVIDENCE

- The program explicitly states on its website all of the required academic standards (e.g. minimum GPA(s), minimum scores on standardized testing, minimum credit hours, specific majors, minimum degree, etc.) for admission to the program.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.13e

The program *must* define, publish, consistently apply and make *readily available* to *prospective students*, policies and procedures to include:

- e) any required *technical standards* for enrollment.

FOCUSED QUESTIONS

- Are the required *technical standards* defined and published?
- Are they published online where a *prospective student* can easily find it?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> The required <i>technical standards</i> for enrollment are defined, published, and <i>readily available</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.14	The program <i>must</i> make student admission decisions in accordance with clearly defined and <i>published</i> practices of the institution and program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the processes / practices for admission decisions? Are these published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Written admission policies and procedures adhered to as evidenced by review of student files. Copies of forms used to screen applications for class positions reflect practices <i>published</i> on the program website. Comparison of the program’s submitted admissions documents to the program’s website demonstrates that the program’s process for selecting students matches the information published on the program’s website. Documentation of individual student admission files with the admissions requirements met. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The number of points or other scoring/ rubrics do not need to be disclosed to applicants. 	
A3.15a	The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission: <ul style="list-style-type: none"> a) any required academic standards,
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • What are the required academic standards for students while in the program? • How is this made available to students upon admission? • Where are these required academic standards published? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Institutional and program documents and website(s) are consistent with each other and clearly describe all components of the standard. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
<p>A3.15b</p>	<p>The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission:</p> <p>b) requirements and deadlines for progression in and completion of the program,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • What are the requirements for progression in the program? • What are the deadlines for progression in the program? • What are the requirements for completion of the program? • How are these made available to students upon admission? • Are these requirements and deadlines published? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Deadlines and requirements for completion of coursework are <i>published</i> and available to enrolled students. • Deadlines and requirements for completion of the curriculum. Deadlines for program completion may be stated in various ways, so long as it's clear to the student, which may include stating this as a maximum or time limit for program completion. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	

A3.15c	The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission: c) policies and procedures for <i>remediation and deceleration</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the policies and procedures for <i>remediation</i>? • What are the policies and procedures for deceleration? • How are these made available to students upon admission? • Where are these published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program’s course/curricular component <i>remediation</i> and deceleration policies and procedures. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The program explicitly states whether <i>deceleration</i> (the loss of a student from the entering cohort, who remains matriculated in the PA program) is not an option in any circumstance. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.15d	The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission: d) policies and procedures for withdrawal and dismissal,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the policies and procedures for withdrawal? • What are the policies and procedures for dismissal? • How are these made available to students upon admission? • Where are these published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program withdrawal and dismissal policies and procedures. • Procedures clearly describe how the student withdraws from courses or the program. 	

<ul style="list-style-type: none"> Procedures clearly describe the procedure for dismissal from the program. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.15e	The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission: e) policy for student employment while enrolled in the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What is the policy for student employment while in the program? How is this made available to students upon admission? Where is this published? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program policy on student employment. Discussions with students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.15f	The program <i>must</i> define, publish, consistently apply and make <i>readily available</i> to students upon admission: f) policies and procedures for allegations of student mistreatment, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the policies and procedures for allegations of student mistreatment? How are these made available to students upon admission? Where are these published? 	
ESSENTIAL EVIDENCE	

- Program policy about student mistreatment and procedure for filing allegations of student mistreatment.

Of note:

- Mistreatment such as: discrimination, sexual harassment, unprofessional relationships, abuse of authority, and abusive and/or intimidating behavior.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.15g

The program *must* define, publish, consistently apply and make *readily available* to students upon admission:
g) policies and procedures for student grievances and appeals.

FOCUSED QUESTIONS

- What are the policies and procedures for student grievances?
- What are the policies and procedures for appeals?
- How are these made available to students upon admission?
- Where are these published?

ESSENTIAL EVIDENCE

- Program policies and procedures for student grievances and appeals.
- The procedures outline clearly how the student would file a grievance, how the grievance is adjudicated, and how the student would appeal the decision if needed.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.16a

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,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program award <i>advanced placement</i>? (If no, NA). If so, how does the program document that the student met the program’s criteria for <i>advanced placement</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Detailed program criteria for granting <i>advanced placement</i>. Records of students granted <i>advanced placement</i> include documentation of meeting each program criteria for which <i>advanced placement</i> is granted. 	
A3.16b	<p>Programs granting <i>advanced placement</i> must document within each student’s file that those students receiving <i>advanced placement</i> have:</p> <ul style="list-style-type: none"> b) met institution defined criteria for such placement, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program award <i>advanced placement</i>? If so, how does the program document that the student met the institution’s (note that this does not say PA program’s) criteria for <i>advanced placement</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Detailed program and institutional criteria for granting <i>advanced placement</i>. Records of students granted <i>advanced placement</i> include documentation of meeting each institutional criteria for which <i>advanced placement</i> is granted. 	
A3.16c	<p>Programs granting <i>advanced placement</i> must document within each student’s file that those students receiving <i>advanced placement</i> have:</p> <ul style="list-style-type: none"> c) demonstrated appropriate <i>competencies</i> for the curricular components in which <i>advanced placement</i> is given.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program award <i>advanced placement</i>? 	

<ul style="list-style-type: none"> If so, how does the program document that the student achieved the appropriate <i>competencies</i> for the area of <i>advanced placement</i>? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Documentation of <i>competencies</i> assessed and student performance when <i>advanced placement</i> is granted. 	
<p>A3.17a</p>	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p style="margin-left: 40px;">a) that the student has met <i>published</i> admission criteria including <i>advanced placement</i> if awarded,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> How does the program document the students have met the published admission criteria? Where is this located? Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Program documentation within student files or program files clearly identifies each student by name has met each of the program’s published admission criteria (as identified in A3.13 and A3.14). <p><i>Of Note:</i> Evidence being documented solely in CASPA is <i>insufficient</i>.</p>	
<p>A3.17b</p>	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p style="margin-left: 40px;">b) that the student has met institution and program health screening and immunization requirements,</p>
<p>FOCUSED QUESTIONS</p>	

<ul style="list-style-type: none"> • How does the program document the students have met the health screening and immunization requirements? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Program files have documents indicating the students have met the health screening and immunization requirements. This may be individual documents for each student, one document listing all students in a cohort, or other documentation method deemed appropriate by the program. • The site visit team is provided documentation that clearly identifies students have met health screening and immunization requirements. 	
<p>A3.17c</p>	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p style="padding-left: 40px;">c) of student performance while enrolled,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How does the program document the students’ academic performance while enrolled? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Student academic records include documentation of student performance while enrolled including at a minimum their final course grades in each course to date and any other required components that must be completed to move to the next semester or to graduate.. • These academic records may be kept within individual student files or other location deemed appropriate by the program. Examples of locations for academic performance records may include learning management systems, databases, online program management software, etc. 	

A3.17d	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p>d) of <i>remediation</i> efforts and outcomes,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program document the students' <i>remediation</i> efforts and outcomes? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Student records/ files include <i>remediation</i> documentation and include both the <i>remediation</i> plan and the outcome of <i>remediation</i> (Was the remediation successful? How did the student demonstrate competence in the remediated material?). 	
A3.17e	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p>e) of summaries of any formal academic/ behavioral disciplinary action taken against a student, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program document the formal academic and/or behavioral disciplinary action taken against a student? • Where is this documentation located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Review of student records/ files for affected students that include formal academic and/or behavioral disciplinary action. 	

A3.17f	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, <i>must</i> be readily accessible to authorized program personnel and <i>must</i> include documentation:</p> <p>f) that the student has met requirements for program completion.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program document the students have met the requirements for program completion? • Where is this documentation kept? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program files have documents indicating the students who have met the requirements for program completion. This may be in electronic format or paper. • A final student transcript may not be <i>sufficient</i> if the program/institution has additional program completion requirements beyond what is provided in a transcript (e.g. passing the summative exam). • This academic record format is the program’s choice. (e.g. one file including all members of the cohort, individual records in each student file, etc.). 	
A3.18	<p>PA students and other unauthorized persons <i>must</i> not have access to the academic records or other confidential information of other students or faculty.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program ensure PA students and other unauthorized persons do not have access to academic records or other confidential information related to other students or faculty? • Where /how are the academic records and confidential information securely stored? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program process stating how students and faculty may request to review their own records. • Program process stating that students may not access records other than their own – not other students and not any faculty. 	

- Program process stating how program confidential records are kept secure from those who are not authorized to access them.
- Discussions and tour of facilities/online files to verify that records are not accessible to those without authority.

Of Note:

- This standard does not prevent a PA student from accessing their own student file.

A3.19

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

FOCUSED QUESTIONS

- How does the program ensure the confidentiality of student health records?
- Where /how are the student health records securely stored?
- Who has access to the immunization and screening results? How is written permission to share these obtained from the students (if applicable)?

ESSENTIAL EVIDENCE

- Program process indicating that student *health records must* not be accessed or reviewed by program faculty or staff.
- Program process explaining how permission/release forms are obtained.
- Review of student files showing release forms and immunization/screening results only (no health records).

Of note:

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

A3.20a

Faculty records, including program director, *medical director* and *principal faculty* must include:

- a) current job descriptions that include duties and responsibilities specific to each faculty member, and

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are faculty records housed? • Does each program faculty member’s file include a current job description? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Faculty records contain current and accurate position descriptions specific to the duties of the faculty member. • The position descriptions include duties and responsibilities specific to the faculty member (either by name or title). For example, the job description could be specific to Dr. Smith, or it could be specific to the role of Associate Program Director. Either way, the duties and responsibilities are clearly stated. • The job description matches what is stated in the application and Appendix 4. 	
A3.20b	Faculty records, including program director, <i>medical director</i> and <i>principal faculty</i> must include: b) current curriculum vitae.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are faculty records housed? • Does each program faculty member’s file include a current CV? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Faculty records contain a current CV for every faculty member. 	
A3.21	Program records <i>must</i> include a current curriculum vitae for each <i>course director</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are course director records housed? 	

<ul style="list-style-type: none"> Does the program have a current CV for each course director?
ESSENTIAL EVIDENCE
<ul style="list-style-type: none"> Program files include current CVs for <i>course directors</i>.

SECTION B: CURRICULUM AND INSTRUCTION

INTRODUCTION

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

The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program.

The standards in section B3 apply to the clinical curriculum of the program.

The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

HELP? After reading this manual, if you need additional help understanding and interpreting the B standards, click here to go to the [online learning modules for a guide](#).

B1 CURRICULUM

B1.01a	<p>The curriculum <i>must</i>:</p> <ul style="list-style-type: none"> a) be consistent with the mission and <i>goals</i> of the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> How does the curriculum align with the program’s mission and goals? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Curriculum mapped/aligned to mission and goals. • Curriculum (Course goals and/or course <i>learning outcomes</i>) mapped/aligned to program goals and program goals are mapped/aligned to the mission. 	
B1.01b	The curriculum <i>must</i> : b) be consistent with program <i>competencies</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the curriculum align with the program’s <i>competencies</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Curriculum supports student achievement of the defined program <i>competencies</i> (the medical knowledge, interpersonal, <i>clinical and technical skills</i>, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice). • Curriculum (course <i>learning outcomes</i>) mapped/aligned to <i>competencies</i>. 	
B1.01c	The curriculum <i>must</i> : c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the foundational science courses within the curriculum? 	
ESSENTIAL EVIDENCE	

<ul style="list-style-type: none"> Curriculum demonstrates instruction and application of biomedical and clinical science knowledge as it relates to patient care. 	
B1.01d	<p>The curriculum <i>must</i>:</p> <ul style="list-style-type: none"> d) be of <i>sufficient</i> breadth and depth to prepare the student for the clinical practice of medicine.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> How does the program determine <i>sufficient</i> breadth of the curriculum? How does the program determine <i>sufficient</i> depth of the curriculum? What resources does the program use to ensure breadth and depth? How often is this reviewed? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Include the program's <i>learning outcomes</i> that define expected and appropriate clinical practice <i>competencies</i>. Program assessment of the curriculum may include success in meeting its mission and <i>goals</i>, faculty and student evaluation of the curriculum, student outcomes on exams and summative assessment, PANCE performance of content and task areas, <i>preceptor</i> feedback on the curriculum, graduate feedback on preparation for employment, student success in certification and employment. 	
B1.02	<p>The curriculum design <i>must</i> reflect content and course sequencing that builds upon previously achieved student learning.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> How was the curriculum designed? How did the program faculty determine the sequencing of content/ courses? How are topics reinforced through sequencing that builds upon previously achieved learning? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Graphic display of the curriculum design and sequencing. 	

- Course sequencing in conjunction with course syllabi content demonstrates a curriculum that sequentially builds upon previous knowledge.
- Program self-assessment of instructor/ *preceptor* feedback on student preparation for course work. *Analysis* of course evaluation data.
- Program self-assessment outcomes that demonstrate student success in certification and employment. Evaluation of graduate feedback on preparation for employment.
- The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum.



B1.03a	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi: a) course name,
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FOCUSED QUESTIONS

- Does each course syllabus include the course name?

ESSENTIAL EVIDENCE

- Programs *must* have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum.
- This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17).



B1.03b	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi: b) course description,
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FOCUSED QUESTIONS

<ul style="list-style-type: none"> Does each course syllabus include a course description? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17). 	
B1.03c	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>c) faculty instructor of record,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include the faculty instructor of record? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17). 	
B1.03d	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>d) course goal/rationale,</p>
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> Does each course syllabus include a course goal or rationale? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17). 	
B1.03e	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p style="padding-left: 40px;">e) <i>learning outcomes</i> and <i>instructional objectives</i>, in measurable terms that can be assessed, that guide student acquisition of required <i>competencies</i>,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include course <i>learning outcomes</i> and instructional objectives, that are measurable and guide student acquisition of required <i>competencies</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17). Course <i>learning outcomes</i> and instructional objectives are clear in defining program expectations, provide guidance, and help students achieve program required <i>competencies</i>. Course <i>learning outcomes</i> and instructional objectives are written in measurable terms. Instructional objectives align with course <i>learning outcomes</i> to guide student learning. 	

B103f	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi: f) outline of topics to be covered that align with <i>learning outcomes</i> and <i>instructional objectives</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each course syllabus include the outline of topics to be covered? • Does the outline of topics align with the <i>learning outcomes</i> and instructional objectives? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. • This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • An embedded URL link to a topic list is acceptable. 	
B1.03g	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program <i>must</i> define and <i>publish</i> for students the following detailed information in syllabi or appendix to the syllabi: g) methods of student assessment/evaluation, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each course syllabus include detailed information about the methods of student assessment and evaluation? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Programs <i>must</i> have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum. 	

- This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17).
- Methods of assessment/evaluation provide the student with descriptive information about the assessment/evaluation and will include more than a listing of assessment items (i.e. test 1, test 2). Examples of descriptive information would include type of questions (multiple choice, T/F, essay), method of delivery (electronic, proctored, live, oral exam, practical exam), and approximation of number of questions (i.e. 50-100 questions per exam).
- The description of each assessment allows the reviewer to identify how the assessment aligns with the instructional content, instructional objectives, and *learning outcomes*.

B1.03h

For each didactic and clinical course (including *required* and *elective rotations*), the program *must* define and *publish* for students the following detailed information in syllabi or appendix to the syllabi:

h) plan for grading.

FOCUSED QUESTIONS

- Does each course syllabus include a detailed plan for grading?

ESSENTIAL EVIDENCE

- Programs *must* have a document that includes detailed information for all areas identified in the sub standards in each course in the curriculum.
- This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record (Appendix 17).
- The plan for grading allows the student to understand how the final course grade is calculated by listing each assessment individually with its point value, pass/fail status, or percent of grade.

B1.04a	<p>The program <i>must</i> ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:</p> <p>a. conducted at geographically separate locations,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have a geographically separate location for some instruction (i.e. distant campus)? • If so, how does the program ensure equivalency of content, experience, and access to materials? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documents demonstrating equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is provided in different geographic locations for some students (i.e. distant campus) • Student-completed evaluations demonstrate course equivalency. • Program evaluation and <i>analysis</i> of curriculum design and delivery with direct comparison of outcomes between the main campus and the geographically separate location. • Discussions with students and faculty. 	
B1.04b	<p>The program <i>must</i> ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:</p> <p>b) provided by different pedagogical and instructional methods or techniques for some students.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program provide different pedagogical instructional methods or techniques for some students in didactic or clinical experiences? • If so, how does the program ensure equivalency of content, experience, and access to materials? 	
ESSENTIAL EVIDENCE	

<ul style="list-style-type: none"> • Documents demonstrating equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is provided by different means (such as online vs. in-person) for some students, even if it is infrequent or in emergencies/illnesses. • Student-completed evaluations demonstrate course equivalency. • Program evaluation and <i>analysis</i> of curriculum design and delivery. • Program <i>analysis</i> of student outcome achievement between the different methods. • Discussions with students and faculty. 	
B2.01	While programs may require specific course(s) as prerequisites to enrollment, those prerequisites <i>must</i> not substitute for more advanced applied content within the professional component of the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are there any prerequisite courses that a student might take that would exempt them from having to take any component of the PA program curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Comparison of prerequisite courses versus those delivered during the professional phase. • Review of prerequisite information <i>published</i> by the program and institution explaining how prerequisite courses will not replace taking any component of the curriculum. 	
B2.02a	The program curriculum <i>must</i> include instruction in the following areas of medical sciences and their application in clinical practice: a) anatomy,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is anatomy taught in the didactic curriculum? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Anatomy instructional objectives. • Anatomy instructional objectives cover all organ systems (cardiac, vascular, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, and dermatologic). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Consider B1.01b, ensuring <i>sufficient</i> breadth and depth of anatomy to include all organ systems. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.02b	The program curriculum <i>must</i> include instruction in the following areas of medical sciences and their application in clinical practice: <ul style="list-style-type: none"> b) physiology,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is physiology taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Physiology instructional objectives cover all organ systems (cardiac, vascular, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, and dermatologic). • Physiology instructional objectives are distinct from pathophysiology instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Consider B1.01b, ensuring <i>sufficient</i> breadth and depth of physiology to include all organ systems. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.02c	The program curriculum <i>must</i> include instruction in the following areas of medical sciences and their application in clinical practice: c) pathophysiology,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is pathophysiology taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Pathophysiology instructional objectives cover all organ systems (cardiac, vascular, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, and dermatologic). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Consider B1.01b, ensuring <i>sufficient</i> breadth and depth of pathophysiology to include all organ systems. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.02d	The program curriculum <i>must</i> include instruction in the following areas of medical sciences and their application in clinical practice: d) pharmacology and pharmacotherapeutics,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is pharmacology taught in the didactic curriculum? • Where is pharmacotherapeutics taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Pharmacology instructional objectives. • Pharmacotherapeutics instructional objectives. 	

<ul style="list-style-type: none"> Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.02e	The program curriculum <i>must</i> include instruction in the following areas of medical sciences and their application in clinical practice: e) the genetic and molecular mechanisms of health and disease.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is genetics taught in the didactic curriculum? Where are molecular mechanisms of health and disease taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Genetics instructional objectives. Molecular mechanisms of health and disease instructional objectives (i.e. molecular basis for diagnosis and treatment of diseases like cancer, neurodegenerative disorders, infectious diseases). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.03	The program curriculum <i>must</i> include instruction in clinical medicine covering all organ systems.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is clinical medicine taught in the didactic curriculum? • Does this instruction cover all organ systems? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Clinical medicine instructional objectives including all organ systems. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Consider B1.01b, ensuring <i>sufficient</i> breadth and depth. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.04	The program curriculum <i>must</i> 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.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in interpersonal and communication skills in the didactic curriculum? • Does this include instruction in the effective exchange of information and collaboration with patients? Their families? And other health professionals? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives specific to interpersonal and communication skills that result in effective exchange of information and collaboration with patients. • Instructional objectives specific to interpersonal and communication skills that result in effective exchange of information and collaboration with family members. • Instructional objectives specific to interpersonal and communication skills that result in effective exchange of information and collaboration with other health professionals. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Interpersonal and communication skills include oral and written communication. 	

<ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.05	The curriculum <i>must</i> include instruction related to the development of clinical reasoning and problem-solving abilities.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the development of clinical reasoning and problem-solving skills in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives for the development of clinical reasoning and problem-solving skills. Instructional objectives for reasoning through a clinical problem. Instructional objectives for using clinical information to develop a diagnosis/differential diagnosis. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.06a	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for: <ul style="list-style-type: none"> a) disability status or special health care needs,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for disability status or special health care needs in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- Instructional objectives specific to providing care to patients with disabilities or special health care needs.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Disability status may include such disabilities as physical, mental, emotional, and learning disabilities.
- Special health care needs may include religious (e.g. Jehovah’s Witness), cultural, ethnic, communication impairments, etc.
- Providing care includes history, physical exam, diagnosis, treatment, and follow-up.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.06b	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for: b) ethnicity/race,
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FOCUSED QUESTIONS

- Where is instruction to provide care to patients with consideration for ethnicity/race in the didactic curriculum?

ESSENTIAL EVIDENCE

- Instructional objectives specific to providing care to patients with consideration for ethnicity/race.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Providing care includes history, physical exam, diagnosis, treatment, and follow-up.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.06c	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for:
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	c) gender identity,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for gender identity in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives specific to providing care to patients with consideration for gender identity. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Providing care includes history, physical exam, diagnosis, treatment, and follow-up. The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.06d	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for: d) religion/spirituality,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for religion/spirituality in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives specific to providing care to patients with consideration for their religion/spirituality. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.06e	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for: e) sexual orientation, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for sexual orientation in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives specific to providing care to patients with consideration for sexual orientation. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Providing care includes history, physical exam, diagnosis, treatment, and follow-up. The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.06f	The curriculum <i>must</i> include instruction to prepare students to provide medical care to patients with consideration for: f) social determinants of health.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in providing care to patients with consideration for social determinants of health in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives specific to providing care to patients with consideration for social determinants of health. (Social determinants of health could be referenced as a whole or individually as long as social determinants of health are explained/defined.) Discussions with students and faculty and verification of instructional materials on-site. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> • Providing care includes history, physical exam, diagnosis, treatment, and follow-up. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07a	<p>The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:</p> <ul style="list-style-type: none"> a) interviewing and eliciting a medical history,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in interviewing and eliciting a medical history in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Interviewing and eliciting medical history instructional objectives that cover infants, children, adolescents, adults, and elderly. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07b	<p>The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:</p> <ul style="list-style-type: none"> b) performing complete and focused physical examinations,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in performing complete physical exams in the didactic curriculum? 	

<ul style="list-style-type: none"> Where is instruction in performing focused physical examinations in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Complete physical examination instructional objectives. Focused physical examination instructional objectives. Instructional objectives cover the differences between physical exams on infants, children, adolescents, adults and the elderly. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.07c</p>	<p>The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:</p> <ul style="list-style-type: none"> c) generating differential diagnoses,
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Where is instruction in generating differential diagnoses in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Generating differential diagnoses instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.07d	<p>The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:</p> <ul style="list-style-type: none"> d) ordering and interpreting diagnostic studies,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in ordering and interpreting diagnostic studies in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Ordering diagnostic studies instructional objectives. • Interpreting diagnostic studies instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Evidence of instruction includes ordering and interpreting diagnostic and laboratory studies. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07e	<p>The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:</p> <ul style="list-style-type: none"> e) patient management including acute and chronic care plans, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in patient management, including acute and chronic care plans, in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- Patient management with acute care plans including required follow-up care instructional objectives.
- Patient management with chronic care plans including required follow-up care instructional objectives.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.07f	The curriculum <i>must</i> include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including: f) patient education and referral.
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FOCUSED QUESTIONS

- Where is instruction in patient education in the didactic curriculum?
- Where is instruction in the referral of a patient to another provider in the didactic curriculum?

ESSENTIAL EVIDENCE

- Patient education including follow-up care instructional objectives.
- Patient referral instructional objectives (to specialists, to therapists, to counseling, etc.).
- Patient education instructional objectives specific to the special considerations for infants, children, adolescents, adults, and elderly.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.08a	The curriculum <i>must</i> include instruction in: a) the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,
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FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in medical care across the life span in the didactic curriculum? • Where is instruction in prenatal care? Infant medical care? Medical care for children? Medical care for adolescents? Adult medical care? Medical care for the elderly? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Prenatal medical care instructional objectives. • Infant medical care instructional objectives. • Medical care for adolescent instructional objectives. • Adult medical care instructional objectives. • Elderly medical care instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.08b	The curriculum <i>must</i> include instruction in: <ul style="list-style-type: none"> b) preventive, emergent, acute, chronic, and rehabilitative patient encounters,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in preventive patient encounters in the didactic curriculum? • Where is instruction in emergent patient encounters in the didactic curriculum? • Where is instruction in acute patient encounters in the didactic curriculum? • Where is instruction in chronic patient encounters in the didactic curriculum? • Where is instruction in rehabilitative patient encounters in the didactic curriculum? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Preventive patient encounter instructional objectives. • Emergent patient encounter instructional objectives. • Acute patient encounter instructional objectives. • Chronic patient encounter instructional objectives. • Rehabilitative patient encounter instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.08c	The curriculum <i>must</i> include instruction in: c) pre-, intra-, and post-operative care,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in pre-operative care in the didactic curriculum? • Where is instruction in intra-operative care in the didactic curriculum? • Where is instruction in post-operative care in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Pre-operative care instructional objectives. • Intra-operative care instructional objectives. • Post-operative care instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This instruction occurs prior to the clinical year SCPE's. 	

<ul style="list-style-type: none"> • These objectives should consider what students need to know in preparation for their surgery <i>rotation</i> and go beyond the technical skills. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.08d	The curriculum <i>must</i> include instruction in: <ul style="list-style-type: none"> d) psychiatric/behavioral conditions, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in psychiatric and behavioral conditions in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Psychiatric and behavioral conditions instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This instruction occurs prior to the clinical year SCPEs. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.08e	The curriculum <i>must</i> include instruction in: <ul style="list-style-type: none"> e) palliative and end-of-life care.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in palliative and end-of-life care in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- Palliative care instructional objectives.
- End-of-life care instructional objectives.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.



B2.09	The curriculum <i>must</i> include instruction in <i>clinical and technical skills</i> including procedures based on current professional practice.
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FOCUSED QUESTIONS

- Where is instruction in *clinical and technical skills* (including procedures) in the didactic curriculum?
- Are these skills and procedures based on current professional practice?

ESSENTIAL EVIDENCE

- *Clinical skills* instructional objectives.
- *Technical skills* instructional objectives.
- List of *technical skills* and procedures taught in the didactic curriculum.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.



B2.10a	The curriculum <i>must</i> prepare students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction <i>must</i> : a) include content on the roles and responsibilities of various health care professionals,
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FOCUSED QUESTIONS

<ul style="list-style-type: none"> • Where is instruction in the roles and responsibilities of various health care professionals in the didactic curriculum? • Which other healthcare profession roles and responsibilities are taught? • Does this instruction include collaborative, interprofessional, patient centered teamwork? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Instructional objectives related to the roles and responsibilities of different healthcare professionals. • Interprofessional, patient-centered team instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.10b</p>	<p>The curriculum <i>must</i> prepare students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction <i>must</i>:</p> <p>b) emphasize the team approach to patient centered care beyond the traditional physician-PA team approach,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Where is instruction that emphasizes the team approach to patient centered care beyond the physician-PA team in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Instructional objectives related to the team approach to patient centered care (beyond physician-PA). • Interprofessional patient centered team instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.10c	The curriculum <i>must</i> prepare students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction <i>must</i> : c) include application of these principles in <i>interprofessional</i> teams.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where do students get to apply the principles of interprofessional teamwork in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives related to the application of the principles of interprofessional teamwork where students are working in interprofessional teams providing patient care (may be simulated care). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11a	The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in: a) death, dying and loss,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in death, dying, and loss in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives related to the behavioral science considerations of death and dying. • Instructional objectives related to the behavioral science considerations of loss of a patient and loss of a loved one. 	

<ul style="list-style-type: none"> Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11b	The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in: b) human sexuality,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in human sexuality in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives related to the social and behavioral science considerations of human sexuality. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11c	The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in: c) normal and abnormal development across the life span,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in normal development related to social and behavioral sciences in the didactic curriculum? Where is instruction in abnormal development related to social and behavioral sciences in the didactic curriculum? 	

<ul style="list-style-type: none"> Does this instruction cover the full lifespan? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Instructional objectives for normal social and behavioral development across the lifespan (for infant, child, adolescent, adult, elderly). Instructional objectives for abnormal social and behavioral development across the lifespan (for infant, child, adolescent, adult, elderly). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.11d</p>	<p>The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in:</p> <p>d) patient response to illness or injury,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Where is instruction in patient social and behavioral response to illness or injury in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Patient social/behavioral response to illness (their disease/diagnosis) instructional objectives. Patient social/behavioral response to injury (an acute injury, trauma) instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.11e	<p>The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in:</p> <p>e) patient response to stress,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in patient social/behavioral response to stress in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives in how patients respond to stress. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11f	<p>The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in:</p> <p>f) substance use disorders, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the social/behavioral aspects of substance use disorders in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives on the diagnosis and treatment of substance use disorders from a behavioral health perspective. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p>	

<ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11g	<p>The curriculum <i>must</i> include instruction in the following areas of social and behavioral sciences and their application to clinical practice in:</p> <ul style="list-style-type: none"> g) violence identification and prevention.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in violence identification in the didactic curriculum? Where is instruction in violence prevention in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives on the identification of physical or emotional violence (i.e. assault, abuse, trafficking). Instructional objectives on the prevention of violence (e.g. early identification and treatment of risk factors). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.12a	<p>The curriculum <i>must</i> include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients:</p> <ul style="list-style-type: none"> a) adhere to treatment plans,
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is instruction in basic counseling in the didactic curriculum? • Where is instruction in patient education skills in the didactic curriculum? • Where is instruction in helping patients adhere to treatment plans? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Basic counseling instructional objectives. • Patient education instructional objectives. • Helping patients adhere to treatment plans instructional objectives (the whole treatment plan and not just the medications). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.12b</p>	<p>The curriculum <i>must</i> include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients:</p> <ul style="list-style-type: none"> b) modify their behaviors to more healthful patterns, and
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Where is instruction in helping patients modify their behaviors to more healthful patterns in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Helping patients modify their behavior to more healthful patterns instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.12c	The curriculum <i>must</i> include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients: c) develop coping mechanisms.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in helping patients develop coping mechanisms in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives related to helping patients develop coping mechanisms. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.13a	The curriculum <i>must</i> include instruction to prepare students to search, interpret and evaluate the medical literature to include: a) framing of research questions,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum? Where is instruction in framing research questions in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives related to preparing students to search, interpret, and evaluate medical literature. Instructional objectives related to how to frame a research question to investigate within the medical literature (i.e. PICO). Discussions with students and faculty and verification of instructional materials on-site. 	

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13b

The curriculum *must* include instruction to prepare students to search, interpret and evaluate the medical literature to include:
 b) interpretation of basic biostatistical methods,

FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum?
- Where is instruction in the interpretation of basic biostatistical methods in the didactic curriculum?

ESSENTIAL EVIDENCE

- Instructional objectives related to preparing students to search, interpret, and evaluate medical literature.
- Interpretation of basic biostatistical methods instructional objectives.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13c

The curriculum *must* include instruction to prepare students to search, interpret and evaluate the medical literature to include:
 c) the limits of medical research,

FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum?
- Where is instruction in the limits of medical research in the didactic curriculum?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives related to preparing students to search, interpret, and evaluate medical literature. • Instructional objectives related to the limits of medical research (when might it be useful/relevant and when might it not be useful/relevant). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.13d	The curriculum <i>must</i> include instruction to prepare students to search, interpret and evaluate the medical literature to include: d) types of sampling methods, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum? • Where is instruction in types of sampling methods in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives related to preparing students to search, interpret, and evaluate medical literature. • Instructional objectives describing different types of research samples (i.e. simple random sampling, systematic sampling, stratified sampling, clustered sampling, etc.). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.13e	The curriculum <i>must</i> include instruction to prepare students to search, interpret and evaluate the medical literature to include: e) the use of common databases to access medical literature.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum? • Where is instruction in the use of common databases to access medical literature in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives related to preparing students to search, interpret, and evaluate medical literature. • Use of common databases to access medical literature instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14a	The curriculum <i>must</i> include instruction about the business of health care to include: a) coding and billing,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in coding and billing in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care instructional objectives. • Coding and billing instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14b	<p>The curriculum <i>must</i> include instruction about the business of health care to include:</p> <p>b) documentation of care,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the business of health care? Where is instruction in documentation of care in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Business of health care instructional objectives. Documentation of care instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14c	<p>The curriculum <i>must</i> include instruction about the business of health care to include:</p> <p>c) health care delivery systems, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the business of health care? Where is instruction in health care delivery systems in the didactic curriculum? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care instructional objectives. • Health care delivery systems instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14d	The curriculum <i>must</i> include instruction about the business of health care to include: d) health policy.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in health policy in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care instructional objectives. • Health policy instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15a	The curriculum <i>must</i> include instruction in concepts of public health as they relate to the role of the practicing PA and:

	a) disease prevention, surveillance, reporting and intervention,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in concepts of public health in the didactic curriculum? • Where is instruction in disease prevention, surveillance, reporting, and intervention specifically as they relate to public health (not individual patient care) in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Concepts of public health instructional objectives • Instructional objectives related to public health disease prevention (i.e. vaccination, education, outbreak response, getting bans on toxic substances, etc). • Instructional objectives related to public health disease surveillance (i.e. analyzing and sharing information about diseases within populations rather than individuals). • Instructional objectives related to public health disease reporting (i.e. reportable diseases). • Instructional objectives related to public health disease intervention (i.e. stopping the spread of diseases, improving health outcomes in populations, etc.). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15b	The curriculum <i>must</i> include instruction in concepts of public health as they relate to the role of the practicing PA and: b) the public health system,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the public health system in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Concepts of public health instructional objectives. • Public health system instructional objectives. 	

<ul style="list-style-type: none"> Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15c	The curriculum <i>must</i> include instruction in concepts of public health as they relate to the role of the practicing PA and: c) patient advocacy, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in concepts of public health in the didactic curriculum? Where is instruction in public health focused patient advocacy in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Concepts of public health instructional objectives. Instructional objectives on public health focused patient advocacy (advocating for the health of a population rather than an individual patient). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Advocacy is developing skills to effectively advocate for health policies and communicate policy decisions and their implications to diverse audiences, including policymakers, stakeholders, and the public. Patient advocacy is about being a voice for patients ensuring their rights and facilitating their access to quality care. The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15d	The curriculum <i>must</i> include instruction in concepts of public health as they relate to the role of the practicing PA and: d) maintenance of population health.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is instruction in concepts of public health in the didactic curriculum? • Where is instruction in the maintenance of population health in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Concepts of public health instructional objectives. • Maintenance of population health instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16a	The curriculum <i>must</i> include instruction in: <ul style="list-style-type: none"> a) patient safety,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in patient safety in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Instructional objectives on patient safety (i.e. the prevention of harm to patients especially due to an effective system of care delivery that prevents errors, learns from errors, and encourages reporting concerns). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16b	The curriculum <i>must</i> include instruction in: <ul style="list-style-type: none"> b) prevention of medical errors,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the prevention of medical errors in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Prevention of medical errors instructional objectives (medical errors encompass more than just medication errors). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16c	The curriculum <i>must</i> include instruction in: c) quality improvement, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in quality improvement in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives on quality improvement in healthcare (i.e. improving patient outcomes, improving efficiency, reducing costs, etc.). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16d	The curriculum <i>must</i> include instruction in:

	d) risk management.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in risk management in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Risk management instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17a	The curriculum <i>must</i> include instruction about the PA profession to include: a) credentialing,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the PA profession to include credentialing? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Credentialing instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17b	The curriculum <i>must</i> include instruction about the PA profession to include:

	b) historical development,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the historical development of the PA profession? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about the historical development of the PA profession. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17c	The curriculum <i>must</i> include instruction about the PA profession to include: c) laws and regulations regarding professional practice and conduct,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about PA profession related laws and regulations regarding professional practice and conduct? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about PA profession related laws and regulations regarding professional practice and conduct. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.17d	The curriculum <i>must</i> include instruction about the PA profession to include: d) licensure and certification,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about PA licensure and certification? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about PA licensure. Instructional objectives about PA certification. Discussions with students and faculty. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17e	The curriculum <i>must</i> include instruction about the PA profession to include: e) the PA relationship with the physician and other health care providers,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the PA professional relationship with the physician and other health care providers? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about the PA professional relationship with the physician Instructional objectives about the PA professional relationship with other health care providers Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.17f	The curriculum <i>must</i> include instruction about the PA profession to include: f) policy issues that affect practice, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about policy issues that affect practice? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about policy issues that affect PA clinical practice. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17g	The curriculum <i>must</i> include instruction about the PA profession to include: g) professional organizations.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the PA professional organizations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about PA Professional organizations. Discussions with students and faculty and verification of instructional materials on-site. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.18	The program curriculum <i>must</i> include instruction in the principles and practice of medical ethics.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the principles and practice of medical ethics? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Instructional objectives about the principles and practice of medical ethics. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.19a	The curriculum <i>must</i> include instruction in: a) intellectual honesty,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in intellectual honesty? 	
ESSENTIAL EVIDENCE	

- Intellectual honesty instructional objectives that cover the importance of honestly admitting what a clinician knows and does not know.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- A reading of institution and /or program policies and standards of conduct is not evidence of instruction.
- This standard expects to see evidence of teaching what intellectual honesty is and how it is applied regardless of when it is presented (orientation, co-curriculum, part of a course).
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.19b The curriculum *must* include instruction in:
 b) academic integrity, and

FOCUSED QUESTIONS

- Where is instruction in academic integrity?

ESSENTIAL EVIDENCE

- Academic integrity instructional objectives.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- A reading of institution and /or program policies and standards of conduct is not evidence of instruction.
- Academic integrity instructional objectives may cover respect, responsibility, and freedom to build new ideas, and knowledge while respecting and acknowledging the work of others.
- This standard expects to see evidence of teaching what academic integrity is and how it is applied regardless of when it is presented (orientation, co-curriculum, part of a course).
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.19c	The curriculum <i>must</i> include instruction in: c) professional conduct.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in professional conduct? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Professional conduct instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • A review or orientation to institution and /or program policies and standards of conduct is not evidence of instruction. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.20a	The curriculum <i>must</i> include instruction about provider <i>personal wellness</i> including prevention of: a) impairment and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction about provider personal wellness that includes prevention of impairment? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Provider personal wellness instructional objectives. • Prevention of provider impairment instructional objectives. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p>	

<ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.20b	<p>The curriculum <i>must</i> include instruction about provider <i>personal wellness</i> including prevention of:</p> <p>b) burnout.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about provider personal wellness that includes instruction about prevention of burnout? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Provider personal wellness instructional objectives. Prevention of provider burnout instructional objectives. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B3.01	<p>The program <i>must</i> secure clinical sites and <i>preceptors</i> in <i>sufficient</i> numbers to allow all clinical students to meet the program’s <i>learning outcomes</i> for <i>supervised clinical practice experiences</i>.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the required and elective <i>rotations</i>? How many sites and <i>preceptors</i> (i.e. clinical placements) for the year for each SCPE course are secured? Do you have sites and <i>preceptors</i> for all clinical year students to meet the <i>learning outcomes</i> for SCPEs? 	

<ul style="list-style-type: none"> Do you have any overlap of SCPEs (<i>is the clinical year longer than 12 months</i>)? If yes, how is this handled? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical <i>rotations</i>. Documentation that identifies the specific number of students each site has agreed to supervise per year. Provisional (applicant) program <i>must</i> demonstrate <i>sufficient</i> clinical placements for their requested <i>maximum class size</i>. Accredited programs <i>must</i> demonstrate <i>sufficient</i> clinical placements for their current clinical cohort(s) of students. <i>Sufficiency must</i> address any overlap of cohorts during the clinical phase of the program. Clinical sites <i>must</i> be <i>sufficient</i> in number to allow every student to have experiences needed to meet the program’s <i>learning outcomes</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The ARC-PA defines supervised clinical practice experiences (SCPEs) as: Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management. Programs may be able to use virtual experiences, simulation or other technology to meet some of the program defined <i>learning outcomes</i> for SCPEs, but the expectation is that SCPEs will include direct patient care, meet the program defined <i>learning outcomes</i>, and be of <i>sufficient</i> breadth and depth to prepare students for the clinical practice of medicine. 	
<p>B3.02</p>	<p>Clinical sites and <i>preceptors</i> located outside of the <i>United States</i> <i>must</i> only be used for <i>elective rotations</i>.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Does the program offer any <i>rotations</i> outside of the (ARC-PA’s definition of the) <i>United States</i> (see glossary)? If yes, are these <i>rotations</i> electives? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> List of clinical sites and <i>preceptors</i> and the signed affiliation agreements with facilities that have agreed to accept students for core clinical <i>rotations</i> that clearly identifies location within the <i>United States</i>. 	

- Discussions with faculty and students.

Of note:

- *United States* is defined as: The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island.
- A program may satisfy the requirement of *supervised clinical practice experiences* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the *United States* Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.

B3.03a

Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

- a) for preventive, emergent, acute, and chronic patient encounters,

FOCUSED QUESTIONS

- What are the program’s *learning outcomes* for preventive patient encounters?
- What are the program’s *learning outcomes* for emergent patient encounters?
- What are the program’s *learning outcomes* for acute patient encounters?
- What are the program’s *learning outcomes* for chronic patient encounters?
- How does the program verify that all students were able to meet the program’s *learning outcomes*?

ESSENTIAL EVIDENCE

- Program has clearly defined for students and *preceptors*, the *learning outcomes* (the medical knowledge, interpersonal, *clinical and technical skills*, professional behaviors, clinical reasoning and problem-solving abilities) that *must* be attained by each student at the completion of each supervised clinical practice experience (SCPE).
- The *learning outcomes*, at minimum, address the requirements of the standard.
- *Learning outcomes* for patient encounters addressing all aspects of the sub-standards are listed in *rotation* syllabi or appendix to the syllabi (i.e. clinical handbook, *preceptor* handbook, learning management system, etc.) that are available to students and *preceptors*.
- The program *must* have a process to evaluate sites for the experiences needed for students to meet the *learning outcomes*.
- The program *must* have a process to evaluate *preceptors’* ability to meet the *learning outcomes*. Specific details about *preceptor* evaluation will be addressed in B3.07a-g.

<ul style="list-style-type: none"> The program <i>must</i> state how it will determine the SCPE has enabled the student to meet each program required <i>learning outcomes</i> specific to each substandard. This could include assessment of the <i>learning outcomes</i> or other means to determine the SCPE enabled the student to meet the <i>learning outcomes</i>. Specific details about outcome assessment will be addressed in B4.01. 	
B3.03b	<i>Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:</i> b) across the life span, to include infants, children, adolescents, adults, and the elderly,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the program’s <i>learning outcomes</i> for infants? What are the program’s <i>learning outcomes</i> for children? What are the program’s <i>learning outcomes</i> for adolescents? What are the program’s <i>learning outcomes</i> for adults? What are the program’s <i>learning outcomes</i> for the elderly? How does the program verify that all students were able to meet the program’s <i>learning outcomes</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program has clearly defined for students and <i>preceptors</i>, the <i>learning outcomes</i> (the medical knowledge, interpersonal, <i>clinical and technical skills</i>, professional behaviors, clinical reasoning and problem-solving abilities) that <i>must</i> be attained by each student at the completion of each supervised clinical practice experience (SCPE). The <i>learning outcomes</i>, at minimum, address each component of the standard. Learning outcomes for patient encounters addressing all aspects of the sub-standards are listed in <i>rotation</i> syllabi, clinical handbook, <i>preceptor</i> handbook and/or other documents available to both students and <i>preceptors</i>. <i>Learning outcomes</i> for patient encounters addressing all aspects of the sub-standards are listed in <i>rotation</i> syllabi or appendix to the syllabi (i.e. clinical handbook, <i>preceptor</i> handbook, learning management system, etc.) that are available to students and <i>preceptors</i>. The program <i>must</i> have a process to evaluate sites for the experiences needed for students to meet the <i>learning outcomes</i>. The program <i>must</i> have a process to evaluate <i>preceptors’</i> ability to meet the <i>learning outcomes</i>. Specific details about <i>preceptor</i> evaluation will be addressed in B3.07a-g. 	

<ul style="list-style-type: none"> The program <i>must</i> state how it will determine the SCPE has enabled the student to meet each program required <i>learning outcomes</i> specific to each substandard. This could include assessment of the <i>learning outcomes</i> or other means to determine the SCPE enabled the student to meet the <i>learning outcomes</i>. Specific details about outcome assessment will be addressed in B4.01. 	
B3.03c	<p><i>Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:</i></p> <p>c) for women’s health (to include prenatal and gynecologic care),</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the program’s <i>learning outcomes</i> for women’s health? What are the program’s <i>learning outcomes</i> specific to prenatal care? What are the program’s <i>learning outcomes</i> specific to gynecological care? How does the program verify that all students were able to meet the program’s <i>learning outcomes</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program has clearly defined for students and <i>preceptors</i>, the <i>learning outcomes</i> (the medical knowledge, interpersonal, <i>clinical and technical skills</i>, professional behaviors, clinical reasoning and problem-solving abilities) that <i>must</i> be attained by each student at the completion of each supervised clinical practice experience (SCPE). The <i>learning outcomes</i>, at minimum, address each component of the standard. <i>Learning outcomes</i> for patient encounters addressing all aspects of the sub-standards are listed in <i>rotation</i> syllabi or appendix to the syllabi (i.e. clinical handbook, <i>preceptor</i> handbook, learning management system, etc.) that are available to students and <i>preceptors</i>. The program <i>must</i> have a process to evaluate sites for the experiences needed for students to meet the <i>learning outcomes</i>. The program <i>must</i> have a process to evaluate <i>preceptors’</i> ability to meet the <i>learning outcomes</i>. Specific details about <i>preceptor</i> evaluation will be addressed in B3.07a-g. The program <i>must</i> state how it will determine the SCPE has enabled the student to meet each program required <i>learning outcomes</i> specific to each substandard. This could include assessment of the <i>learning outcomes</i> or other means to determine the SCPE enabled the student to meet the <i>learning outcomes</i>. Specific details about outcome assessment will be addressed in B4.01. 	
B3.03d	<p><i>Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:</i></p> <p>d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the program’s <i>learning outcomes</i> for conditions requiring surgical management? • What are the program’s <i>learning outcomes</i> specific to pre-operative care? • What are the program’s <i>learning outcomes</i> specific to intra-operative care? • What are the program’s <i>learning outcomes</i> specific to post-operative care? • How does the program verify that all students were able to meet the program’s <i>learning outcomes</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program has clearly defined for students and <i>preceptors</i>, the <i>learning outcomes</i> (the medical knowledge, interpersonal, <i>clinical and technical skills</i>, professional behaviors, clinical reasoning and problem-solving abilities) that <i>must</i> be attained by each student at the completion of each supervised clinical practice experience (SCPE). • The <i>learning outcomes</i>, at minimum, address each component of the standard. • <i>Learning outcomes</i> for patient encounters addressing all aspects of the sub-standards are listed in <i>rotation</i> syllabi or appendix to the syllabi (i.e. clinical handbook, <i>preceptor</i> handbook, learning management system, etc.) that are available to students and <i>preceptors</i>. • The program <i>must</i> have a process to evaluate sites for the experiences needed for students to meet the <i>learning outcomes</i>. • The program <i>must</i> have a process to evaluate <i>preceptors’</i> ability to meet the <i>learning outcomes</i>. Specific details about <i>preceptor</i> evaluation will be addressed in B3.07a-g. • The program <i>must</i> state how it will determine the SCPE has enabled the student to meet each program required <i>learning outcomes</i> specific to each substandard. This could include assessment of the <i>learning outcomes</i> or other means to determine the SCPE enabled the student to meet the <i>learning outcomes</i>. Specific details about outcome assessment will be addressed in B4.01. 	
B3.03e	<i>Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:</i> e) for behavioral and mental health conditions.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the program’s <i>learning outcomes</i> for behavioral and mental health conditions? • How does the program verify that all students were able to meet the program’s <i>learning outcomes</i>? 	
ESSENTIAL EVIDENCE	

- Program has clearly defined for students and *preceptors*, the *learning outcomes* (the medical knowledge, interpersonal, *clinical and technical skills*, professional behaviors, clinical reasoning and problem-solving abilities) that *must* be attained by each student at the completion of each supervised clinical practice experience (SCPE).
- The *learning outcomes*, at minimum, address each component of the standard.
- *Learning outcomes* for patient encounters addressing all aspects of the sub-standards are listed in *rotation* syllabi or appendix to the syllabi (i.e. clinical handbook, *preceptor* handbook, learning management system, etc.) that are available to students and *preceptors*.
- The program *must* have a process to evaluate sites for the experiences needed for students to meet the *learning outcomes*.
- The program *must* have a process to evaluate *preceptors'* ability to meet the *learning outcomes*. Specific details about *preceptor* evaluation will be addressed in B3.07a-g.
- The program *must* state how it will determine the SCPE has enabled the student to meet each program required *learning outcomes* specific to each substandard. This could include assessment of the *learning outcomes* or other means to determine the SCPE enabled the student to meet the *learning outcomes*. Specific details about outcome assessment will be addressed in B4.01.

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

- a) emergency department,

FOCUSED QUESTIONS

- Do all students have a SCPE with designated time in the emergency department? How is that verified for every student?

ESSENTIAL EVIDENCE

- List(s) of clinical sites with settings compared to the clinical *rotation* schedule for planned *rotations* (or case tracking for those who completed this) showing emergency department experiences.
- Faculty and student evaluations of SCPEs.

Of note:

- Urgent care centers may be used for *supervised clinical practice experiences* but do not replace the requirement to have students in an emergency department setting.

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

	b) inpatient,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE in an inpatient setting? How is that verified for every student? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing inpatient experiences. Faculty and student evaluations of SCPEs. 	
B3.04c	<i>Supervised clinical practice experiences must occur in the following settings:</i> c) outpatient, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE in an outpatient setting? How is that verified for every student? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing outpatient experiences. Faculty and student evaluations of SCPEs. 	
B3.04d	<i>Supervised clinical practice experiences must occur in the following settings:</i> d) operating room.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> Do all students have a SCPE with designated experience in the operating room? How is that verified for every student? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing operating room experiences. Faculty and student evaluations of SCPEs. 	
<p>B3.05</p>	<p><i>Instructional faculty</i> for the supervised clinical practice portion of the educational program <i>must</i> consist primarily of practicing physicians and PAs.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Are more than 50% of SCPE <i>preceptors</i> physicians and PAs? What percent of <i>preceptors</i> are physicians? PAs? Other? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> List of current <i>preceptors</i> including their credentials. 	
<p>B3.06a</p>	<p><i>Supervised clinical practice experiences should occur with:</i></p> <ul style="list-style-type: none"> a) physicians who are specialty board certified in their area of instruction,
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Are all physician <i>preceptors</i> board certified in their area of instruction? What is the program process used to verify board certification of physician <i>preceptors</i>? If not BC, what are the circumstances unique to the program for using non-board certified physician <i>preceptors</i>? What compelling reason for their use in lieu of a board-certified <i>preceptor should</i> be presented to the Commission? 	

<ul style="list-style-type: none"> If not BC, what is the process used by the program to evaluate physician <i>preceptors</i> to ensure they are appropriate instructors? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> List of all active licensed physicians, who currently precept the supervised clinical practice experiences/ <i>rotations</i>, their area of instruction, and name of their associated clinical site. For each <i>preceptor</i>, provide current license type and expiration and board certification type (ABIM, ABFM, etc.) and expiration. If applicable, documentation of program evaluation of physician <i>preceptors</i> who are not board certified or not board certified in their area of instruction, to determine whether each is appropriate for the specified area of instruction. The ARC-PA will only consider supervised clinical practice experiences occurring with physician <i>preceptors</i> who are not board certified, or not board certified in their area of instruction, when those physicians are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program, and a compelling reason for their use is provided to the Commission. If non-board certified <i>preceptors</i> are utilized, a comparison of outcomes from students precepting with board certified versus non-board certified physician <i>preceptors</i> is expected. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term <i>should</i> designates requirements so important that their absence <i>must</i> be justified by the program with a compelling reason, acceptable to the Commission. 	
<p>B3.06b</p>	<p><i>Supervised clinical practice experiences should occur with:</i></p> <p>b) <i>NCCPA</i> certified PAs, or</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Are all PA <i>preceptors</i> NCCPA certified? What is the program process used to verify NCCPA certification of PA <i>preceptors</i>? If not NCCPA certified, what are the circumstances unique to the program for using non-certified PA <i>preceptors</i>? What compelling reason for their use in lieu of a certified <i>preceptor</i> <i>should</i> be presented to the Commission? If not certified, what is the process used by the program to evaluate PA <i>preceptors</i> to ensure they are appropriate instructors? 	
<p>ESSENTIAL EVIDENCE</p>	

- List of all active licensed PAs, who currently precept the supervised clinical practice experiences/ *rotations*, their area of instruction, and name of their associated clinical site. For each *preceptor*, provide current licensure and certification information, including expiration dates.
- The ARC-PA will only consider supervised clinical practice experiences occurring with PA *preceptors* who are not NCCPA certified when those PAs are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.
- If non-board certified *preceptors* are utilized, a comparison of outcomes from students precepting with board certified versus non-board certified PA *preceptors* is expected.

Of note:

- See Glossary - the term *should* designates requirements so important that their absence *must* be justified by the program with a compelling reason, acceptable to the Commission.

B3.06c

Supervised clinical practice experiences should occur with:

- c) other licensed health care providers qualified in their area of instruction.

FOCUSED QUESTIONS

- What other licensed health care providers are used as *preceptors* during the SCPEs?
- Are these other licensed health care providers certified (if available) in their area of instruction?
- What is the process used by the program to evaluate other licensed health care providers to ensure they are qualified *preceptors* in the area of instruction?

ESSENTIAL EVIDENCE

- List of all active licensed health care providers, who currently precept the supervised clinical practice experiences/ *rotations*, their area of instruction, and name of their associated clinical site. For each *preceptor*, provide current licensure and certification information, including expiration dates.
- The ARC-PA will only consider supervised clinical practice experiences occurring with other licensed health care provider *preceptors* when those health care providers are evaluated by the program’s specific criteria for that discipline and determined by the program faculty to be appropriate and qualified for the specified area of instruction.

Of note:

- Other licensed health care providers refers to any licensed provider (other than a physician or PA). This may include NPs, psychologists, midwives, etc. The standard states that these providers may be utilized as *preceptors*. However, they should be qualified in their area of instruction with supporting documentation.
- Nurse practitioners have specific areas of certification (WHNP, FNP, etc.) that should be reported and considered when evaluating the *preceptor*.
- See Glossary - the term *should* designates requirements so important that their absence *must* be justified by the program with a compelling reason, acceptable to the Commission.

B3.07a *Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:*

a) family medicine,

FOCUSED QUESTIONS

- Does each student have a SCPE with a *preceptor* in family medicine?
- Do these *preceptors* enable students to meet the program defined *learning outcomes* for family medicine?

ESSENTIAL EVIDENCE

- Lists of *preceptors* currently providing *supervised clinical practice experiences*, and their area of practice.
- Clinical *rotation* schedule including supervising *preceptor* area of practice.
- Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying *preceptor's* board certification in specialty area).
- Program has clearly defined for students and *preceptors*, the *learning outcomes* (the medical knowledge, interpersonal, *clinical and technical skills*, professional behaviors, clinical reasoning and problem-solving abilities) that *must* be attained by each student at the completion of each supervised clinical practice experience (SCPE).

Of note:

- Standard B3.07 is about the *preceptors* and not the types of patients that may be seen in certain practices.

B3.07b	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>b) emergency medicine,</p>
2FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each student have a SCPE with a <i>preceptor</i> in emergency medicine? • Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for emergency medicine? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. • Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. • Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	
B3.07c	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>c) internal medicine,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each student have a SCPE with a <i>preceptor</i> in internal medicine? • Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for internal medicine? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Lists of <i>preceptors</i> currently providing supervised clinical practice experiences, and their area of practice. • Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. 	

<ul style="list-style-type: none"> Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to supervised clinical practice experiences with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	
B3.07d	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>d) surgery,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each student have a SCPE with a <i>preceptor</i> in surgery? Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for surgery? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	
B3.07e	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>e) pediatrics,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each student have a SCPE with a <i>preceptor</i> in pediatrics? 	

<ul style="list-style-type: none"> Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for pediatrics? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	
<p>B3.07f</p>	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>f) women’s health including prenatal and gynecologic care, and</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Does each student have a SCPE with a <i>preceptor</i> in women’s health which includes prenatal and gynecologic care? Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for women’s health which includes prenatal and gynecologic care? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	

B3.07g	<p><i>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</i></p> <p>g) behavioral and mental health care.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each student have a SCPE with a <i>preceptor</i> in behavioral and mental health care? • Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for behavioral and mental health care? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. • Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. • Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Standard B3.07 is about the <i>preceptors</i> and not the types of patients that may be seen in certain practices. 	
B4.01a	<p>The program <i>must</i> conduct <i>frequent</i>, objective and documented evaluations of student performance in meeting the program's <i>learning outcomes</i> and <i>instructional objectives</i> for both didactic and <i>supervised clinical practice experience</i> components. The evaluations <i>must</i>:</p> <p>a) align with what is expected and taught and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How do students, faculty, and <i>preceptors</i> know how each learning outcome in each course will be taught and assessed? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence the program aligns its <i>instructional objectives</i> and instruction/teaching to <i>learning outcomes</i> (expectations) and to its evaluations/assessments. 	

- Evidence that assessment tools utilized (written exams, *preceptor* evaluations, other assignments) allow the program to determine how well students have met each of the expected *learning outcomes*.
- Course syllabi include student evaluation methodology and a schedule of evaluations that align with course expectations (*learning outcomes* and instructional objectives).
- Evaluation instruments used to assess learning outcomes *must* demonstrate alignment between evaluation items and *learning outcomes* for each didactic and clinical course.
- Discussions with students and faculty.

Of Note:

- 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.

B4.01b

The program *must* conduct *frequent*, objective and documented evaluations of student performance in meeting the program’s *learning outcomes* and *instructional objectives* for both didactic and *supervised clinical practice experience* components. The evaluations *must*:

- b) allow the program to identify and address any student deficiencies in a *timely* manner

FOCUSED QUESTIONS

- How does the program identify student deficiencies?
- What is the timing of identification of student deficiencies?
- Once deficiencies are identified, how are they addressed in the didactic year?
- Once deficiencies are identified, how are they addressed in the clinical year?

ESSENTIAL EVIDENCE

- Assessments allow for the *timely* identification of specific student deficiencies in achieving the program defined *learning outcomes* and *instructional objectives* so they can be addressed.
- Assessment tools include evaluation items that are not complex in nature (one outcome is assessed at a time) and allow the evaluator to readily identify a specific learning deficiency.

- The program has a process for the review of student evaluations and a process to address individual student deficiencies (i.e. *remediation* process).
- Records of student performance in each course.
- Student files indicating means of *remediation* employed and outcomes of *remediation* are *timely* and are as described in program policy and procedures.
- Discussions with faculty and students.

B4.03

The program *must* conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student meets the program *competencies* required to enter clinical practice, including:

- a) *clinical and technical skills*,
- b) clinical reasoning and problem-solving abilities,
- c) interpersonal skills,
- d) medical knowledge, and
- e) professional behaviors

FOCUSED QUESTIONS

- What are the program’s *competencies*? Do they cover topics within the categories of a-e of this standard?
- How are each of the program’s *competencies* assessed in the final four months of the program?
- Where is this documented?

ESSENTIAL EVIDENCE

- The evaluation instrument/s correlate/s with the program’s *competencies* (not just the topic list a-e).
- Mapping of program *competencies* to the assessments in the program’s *summative evaluation*.
- Instruments used for *summative evaluation* clearly and identifiably address each of the program’s *competencies*.
- Results of the *summative evaluation* of each student are documented.
- The *summative evaluation* occurs within the final four months of program completion.

Of Note:

- Every aspect of the *competencies* and sub-competency *must* be addressed by the summative evaluation.

<ul style="list-style-type: none"> The summative evaluation is a separate evaluation and not a review of student’s previous performance/evaluations. 	
B4.04a	The program <i>must</i> document equivalency of student evaluation methods and outcomes when instruction is: <ul style="list-style-type: none"> a) conducted at geographically separate locations and/or
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program have a distant campus? How are student outcomes compared for equivalency between the campuses? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program <i>analysis</i> of evaluation methods and outcomes between/among different cohorts. Discussions with students and faculty. Student course evaluations. 	
B4.04b	The program <i>must</i> document equivalency of student evaluation methods and outcomes when instruction is: <ul style="list-style-type: none"> b) provided by different pedagogical and instructional methods or techniques for some students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program offer instruction to some students using different pedagogical or instructional methods? How are student outcomes compared? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List the different pedagogical and instructional methods utilized by the program for a sub-set of student(s) including those used only in special circumstances (i.e. online, asynchronous, flipped classroom, etc.). Provide the equivalency of assessment and outcomes equivalency <i>analysis</i> done by the program when comparing students using the different method to those using the original/main method. 	

Of note:

- This standard is relevant to such programs as those that offer an online option or asynchronous option to some students and those that offer an online option for special situations like extended absences.

SECTION C: EVALUATION

C1 ONGOING PROGRAM SELF-ASSESSMENT

HELP? After reading this manual, if you need additional help understanding and interpreting the C standards, <https://rise.articulate.com/share/k4UZFdOu0snpYErSwLR7H45nSsKxcihc> [click here](#) to go to the online learning modules for a guide.

<i>Standard</i>	
C1.01a	The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address: a) administrative aspects of the program and institutional resources,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program assess the sufficiency of institutional resources? • How does the program assess the effectiveness of its policies and procedures? • How does the program assess the effectiveness of its admissions process? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program describes its process for data collection, critical data <i>analysis</i>, drawing conclusions, and creating action plans related to the following: <ul style="list-style-type: none"> ○ Sufficiency of human resources ○ Sufficiency of technology resources ○ Sufficiency of physical resources 	

<ul style="list-style-type: none"> ○ Sufficiency of <i>student services</i> ○ Sufficiency of safety and security resources ○ Sufficiency of support for course and curriculum design ○ Sufficiency of support for program assessment ○ Sufficiency of support for DEI ○ Effectiveness of the admissions process and its outcomes ○ Effectiveness of program policies and procedures ● Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program’s <i>analysis</i> of trends and correlations. ● Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected) ● Description of the plan for critical <i>analysis</i> includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions ● Description of the way the program determines program strengths includes multiple data points as per the plan for critical <i>analysis</i>. ● Description of the way the program determines areas needing improvement includes multiple data points as per the plan for critical <i>analysis</i>. 	
C1.01b	<p>The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address:</p> <p>b) effectiveness of the didactic curriculum,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> ● How does the program assess the effectiveness of the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> ● The program describes its process for data collection, critical data <i>analysis</i>, drawing conclusions, and creating action plans related to the following: <ul style="list-style-type: none"> ○ Student evaluation of didactic courses 	

- Student evaluation of didactic instructors (i.e. course directors, principal faculty, didactic *instructional faculty*)
- Number of final course grades of C or below
- Student *remediation* in didactic courses (i.e. rate of *remediation*, effectiveness of *remediation*)
- Other measures the program uses to determine if the didactic curriculum was effective (i.e. PACKRAT results, clinical *preceptor* evaluation question regarding preparation for *rotation 1* or didactic knowledge, student perception of preparedness for *rotations*, *attrition*, etc.)
- Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program’s *analysis* of trends and correlations.
- Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected)
- Description of the plan for critical *analysis* includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions
- Description of the way the program determines program strengths includes multiple data points (triangulation of data) as per the plan for critical *analysis*.
- Description of the way the program determines areas needing improvement includes multiple data points as per the plan for critical *analysis*.

Of Note:

- The “i.e.” statements in these standards are suggestions of possibilities and are not meant as requirements nor all-inclusive lists.
- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.01c	The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address: c) effectiveness of the clinical curriculum,
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FOCUSED QUESTIONS

- How does the program assess the effectiveness of the clinical curriculum?

ESSENTIAL EVIDENCE

- The program describes its process for data collection, critical data *analysis*, drawing conclusions, and creating action plans related to the following:
 - Student evaluation of *rotations*
 - Student evaluation of *preceptors*
 - Number of *rotation* grades of C or below
 - Student *remediation of rotations*
 - Other measures the program uses to determine if the clinical curriculum was effective (i.e. PACKRAT results, student perception of preparedness for clinical practice, summative evaluation results, PANCE sub-scores for diagnosis and intervention, *attrition*, etc.)

- Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program’s *analysis* of trends and correlations.
- Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected)
- Description of the plan for critical *analysis* includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions
- Description of the way the program determines program strengths includes multiple data points as per the plan for critical *analysis*.
- Description of the way the program determines areas needing improvement includes multiple data points (triangulation of data) as per the plan for critical *analysis*.

Of Note:

- The “i.e.” statements in these standards are suggestions of possibilities and are not meant as requirements nor all-inclusive lists.
- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.01d	The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address: d) preparation of graduates to achieve program defined <i>competencies</i> ,

FOCUSED QUESTIONS

- How does the program assess how well it prepares graduates to achieve program *competencies*?

ESSENTIAL EVIDENCE

- The program describes its process for data collection, critical data *analysis*, drawing conclusions, and creating action plans related to the following:
 - Summative evaluation performance (i.e. scores, pass rate, *remediation* rate, etc.)
 - Exiting student or graduate feedback (i.e. perceptions of how well the program supported their achieving the competencies, etc.)
 - Faculty evaluation of the curriculum (i.e. course directors' perception that their course prepared students to achieve the relevant competency, principal faculty perception of curriculum sequence and/or depth, etc.)
- Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program's *analysis* of trends and correlations.
- Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected)
- Description of the plan for critical *analysis* includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions
- Description of the way the program determines program strengths includes multiple data points as per the plan for critical *analysis*.
- Description of the way the program determines areas needing improvement includes multiple data points (triangulation of data) as per the plan for critical *analysis*.

Of Note:

- The "i.e." statements in these standards are suggestions of possibilities and are not meant as requirements nor all-inclusive lists.
- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.01e	<p>The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address:</p> <p>e) PANCE performance,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program assess its PANCE performance? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program describes its process for data collection, critical data <i>analysis</i>, drawing conclusions, and creating action plans related to the following: <ul style="list-style-type: none"> ○ PANCE scores and sub-scores ○ PANCE pass rate ○ Admissions criteria ○ Effectiveness of the didactic curriculum (14C) ○ Effectiveness of the clinical curriculum (14D) ○ Breadth and depth of the curriculum ○ Summative evaluation ○ Remediation efforts and outcomes ○ Student progress criteria and <i>attrition</i> ○ Feedback from students who were unsuccessful on PANCE first attempt • Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program's <i>analysis</i> of trends and correlations. • Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected) • Description of the plan for critical <i>analysis</i> includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions • Description of the way the program determines program strengths includes multiple data points as per the plan for critical <i>analysis</i>. • Description of the way the program determines areas needing improvement includes multiple data points (triangulation of data) as per the plan for critical <i>analysis</i>. 	

Of Note:

- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.01f

The program *must* define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process *must* address:
 f) sufficiency and effectiveness of principal and instructional faculty and staff, and

FOCUSED QUESTIONS

- How does the program assess the sufficiency of principal faculty? How about their effectiveness?
- How does the program assess the sufficiency of didactic *instructional faculty*? How about their effectiveness?
- How does the program assess the sufficiency of clinical *instructional faculty (preceptors)*? How about their effectiveness?
- How does the program assess the sufficiency of staff? How about their effectiveness?

ESSENTIAL EVIDENCE

- The program describes its process for data collection, critical data *analysis*, drawing conclusions, and creating action plans related to the following:
 - Sufficiency of principal faculty
 - Effectiveness of principal faculty
 - Sufficiency of didactic *instructional faculty*
 - Effectiveness of didactic *instructional faculty*
 - Sufficiency of clinical *instructional faculty (preceptors)*
 - Effectiveness of clinical *instructional faculty (preceptors)*
 - Sufficiency of staff
 - Effectiveness of staff
 - Faculty and staff changes and *attrition*
- Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program’s *analysis* of trends and correlations.

- Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected)
- Description of the plan for critical *analysis* includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions
- Description of the way the program determines program strengths includes multiple data points as per the plan for critical *analysis*.
- Description of the way the program determines areas needing improvement includes multiple data points (triangulation of data) as per the plan for critical *analysis*.

Of Note:

- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.01g	The program <i>must</i> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <i>must</i> address: g) success in meeting the program’s <i>goals</i> .

FOCUSED QUESTIONS

- How does the program assess its effectiveness in meeting each of its program goals?

ESSENTIAL EVIDENCE

- The program describes its process for data collection, critical data *analysis*, drawing conclusions, and creating action plans related to each goal:
 - Program lists each goal and defines the measures relevant to each goal
- Data sources include both quantitative and qualitative data presented in summary tables and/or graphic format that allows the reader to follow the program’s *analysis* of trends and correlations.
- Data points include benchmarks with rationale (brief explanation of why that benchmark point was selected)
- Description of the plan for critical *analysis* includes which data will be analyzed by looking at trends and which data sets will be analyzed by looking at correlations between them in order to draw conclusions
- Description of the way the program determines program strengths includes multiple data points as per the plan for critical *analysis*.

- Description of the way the program determines areas needing improvement includes multiple data points (triangulation of data) as per the plan for critical *analysis*.

Of Note:

- Where a survey is utilized as a data source, the topic or full text of the survey question utilized for data improves clarity.

C1.02a	The program <i>must</i> implement its ongoing self-assessment process by: a) conducting data collection
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FOCUSED QUESTIONS

- How does the program collect data to answer each of the aspects of C1.01?
- What is the program’s general approach to collecting self-assessment data?

ESSENTIAL EVIDENCE

- Verified by the SSR data tables and discussions with faculty and staff
- Review of data collection tools, data summaries, and committee meeting minutes on site.
- Program collects (and submits) both quantitative and qualitative data within its self-assessment process that address the requirements for each self-study appendix.
- The program collects (and submits) data that directly measures the outcome in addition to survey data gathering perceptions of those involved.

C1.02b	The program <i>must</i> implement its ongoing self-assessment process by: b) performing critical <i>analysis</i> of data, and
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FOCUSED QUESTIONS

- What is the program’s approach to critical *analysis* of the data used in the self-assessment process in general?

<ul style="list-style-type: none"> • How did the program establish benchmarks for the data points? • How does the program display data to identify any trends? • How does the program display data to correlate and triangulate different data points to identify relationships? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Evidence that the program followed its <i>analysis</i> plan outlined in C1.01 and Appendix 14A. • Critical <i>analysis</i> of data includes but is not limited to the following: <ul style="list-style-type: none"> ○ evaluating the validity of data (e.g., low response rates), ○ identification of areas above or below benchmark, ○ evaluating trends over time, ○ triangulation of data to identify relationships/contributing factors, and ○ correlation of data to the expectations of the program. • Critical <i>analysis</i> occurs regardless of whether individual data points met the program-defined benchmark. <p><i>Of Note:</i></p> <ul style="list-style-type: none"> • The glossary defines <i>analysis</i> as: 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. 	
<p>C1.02c</p>	<p>The program <i>must</i> implement its ongoing self-assessment process by:</p> <p>c) applying the results leading to conclusions that identify:</p> <ul style="list-style-type: none"> i. program strengths ii. program areas in need of improvement, and iii. action plans
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • What criteria does the program use to identify program strengths? • What criteria does the program use to identify areas in need of improvement? • What is the program’s approach for creating, carrying out, and assessing its action plans? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Conclusions drawn <i>must</i> be based on the data <i>analysis</i> and relationships of the data to the program expectations, issues or concerns. • Program strengths: an area consistently (as defined by program) above clearly identified benchmark(s) in multiple data sets. Documented critical <i>analysis</i> of data leads to the conclusion that the area is a strength. Areas identified in the SSR as strengths are summarized and listed in the Program Strength Table for each appendix 14. • Areas in need of improvement: critical <i>analysis</i> of data and identified benchmark(s), trends and relationships lead to the conclusion an area is in need of improvement. Areas identified in the SSR as areas in need of improvement are summarized and listed in the Areas in Need of Improvement Table. The table in the SSR includes a summary of the area(s) needing improvement as documented in the SSR, including plans for improvement, the expected outcomes, person(s) responsible and a completion timeline (estimate is acceptable). • Action plans are plans to address areas needing improvement and <i>must</i> logically be the result of documented <i>analysis</i> of data. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • A program may decide to make changes based on innovation or to ensure compliance with the standards. While these changes may be necessary and beneficial to the program, only changes related to and based on critical data <i>analysis should</i> be listed in the program’s self-study report. In addition, routine operational changes or updates <i>should</i> not be included. 	
C1.03	The program <i>must</i> prepare a self-study report as part of the application for accreditation that <i>accurately</i> and <i>succinctly</i> documents the process, application and results of ongoing program self-assessment. The report <i>must</i> follow the guidelines provided by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there documented data for each required component for that appendix? • Is there documentation of quantitative data in the data set? – are benchmarks with rationales documented? • Is there documented qualitative data in the data set? – are benchmarks with rationales documented? • Do the data tables make recognition of data trends and correlations obvious? • Do the data tables contain response rates, labels, color code keys, and enough information that the data table can stand alone? • Do the data tables contain a documented summary of qualitative data in addition to the quantitative? • Is critical analysis documented indicating the correlational relationships, triangulation, and trending? 	

- Are the documented strengths supported by the documented data and analysis within the SSR?
- Are the documented areas in need of improvement supported by the documented data and analysis within the SSR?

ESSENTIAL EVIDENCE

- The self-study report (SSR) is completed according to directions provided by the ARC-PA. It accurately and succinctly documents the process and results of ongoing self-assessment, including data tables and *analysis* as defined by the ARC-PA.
- Program generated data is presented in a tabular or graphic display, clearly identifying the respective student cohorts and in a year-to-year format that clearly displays trends and triangulations and directly supports the program’s *analysis* discussion.
- Data tables include all data related to and discussed in the SSR. Qualitative data summaries (not raw data) are included.
- The critical *analysis* of listed components shows correlational relationships, triangulation, and trending. Analysis includes, but is not limited to, the method for *analysis* of quantitative and qualitative data and explains the rationale for the choice of benchmarks.
- Documented *analysis* supports explicitly identified conclusions provided in the SSR.
- Critical assessment of all aspects of the program is documented.
- Data and *analysis* justify the program’s conclusions and support actions taken.
- Committee meeting minutes verify analysis done at meetings and retreats.

C2.01a

The program *must* define and maintain effective processes and document the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences*, to ensure students are able to fulfill program *learning outcomes* with access to:

a) physical facilities,

FOCUSED QUESTIONS

- What is the process for initial evaluation of sites and *preceptors*?
- What is the process for ongoing evaluation of sites and *preceptors*?
- Do these evaluations include students’ access to physical facilities?
- Do these evaluations ensure students are able to fulfill the program *learning outcomes*?

<ul style="list-style-type: none"> Where are these documented? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. Documentation noting effectiveness in identifying sites that do not meet program expectations for <i>learning outcomes</i>. Documentation of evaluation of students access to physical facilities. Completed initial and ongoing evaluations of sites used. Discussions with <i>preceptors</i>, students, and faculty. 	
<p>C2.01b</p>	<p>The program <i>must</i> define and maintain effective processes and document the initial and ongoing evaluation of all sites and <i>preceptors</i> used for <i>supervised clinical practice experiences</i>, to ensure students are able to fulfill program <i>learning outcomes</i> with access to:</p> <ul style="list-style-type: none"> b) patient populations, and
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> What is the process for initial evaluation of sites and <i>preceptors</i>? What is the process for ongoing evaluation of sites and <i>preceptors</i>? Do these evaluations include students’ access to patient populations? Do these evaluations ensure students are able to fulfill the program <i>learning outcomes</i>? Where are these documented? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. Documentation noting effectiveness in identifying sites that do not meet program expectations for <i>learning outcomes</i>. Documentation of evaluation of students’ access to patient populations. Completed initial and ongoing evaluations of sites used. Discussions with <i>preceptors</i>, students, and faculty. 	

C2.01c	The program <i>must</i> define and maintain effective processes and document the initial and ongoing evaluation of all sites and <i>preceptors</i> used for <i>supervised clinical practice experiences</i> , to ensure students are able to fulfill program <i>learning outcomes</i> with access to: c) supervision.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the process for initial evaluation of sites and <i>preceptors</i>? • What is the process for ongoing evaluation of sites and <i>preceptors</i>? • Do these evaluations include students’ access to supervision? • Do these evaluations ensure students are able to fulfill the program <i>learning outcomes</i>? • Where are these documented? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Documentation noting effectiveness in identifying sites that do not meet program expectations for <i>learning outcomes</i>. • Documentation of evaluation of students’ access to supervision. • Completed initial and ongoing evaluations of sites used. • Discussions with <i>preceptors</i>, students, and faculty. 	

SECTION D: PROVISIONAL ACCREDITATION

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

D1.01a	Based on the qualifications outlined in the <i>Standards</i> , the program <i>must</i> have: <ul style="list-style-type: none"> a) A 1.0 FTE program director hired by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How long has the program director worked full-time for the program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Appropriate individuals have been hired and assigned according to the required timeline. • Names and CVs of program director and <i>medical director</i> that meet qualifications as required by the <i>Standards</i>. Date of hire <i>should</i> include month and year for PD, MD, PF, and staff on data sheet and CVs. • The ARC-PA does not consider a <i>consultant</i> or interim program director a program director hired on a permanent basis. See <i>Standards</i> A2.06-A2.10 also. • The Commission expects that the program will retain the same program director for these 15 months. Programs <i>must</i> inform the ARC-PA immediately when the program director is hired OR if there is a change in program director. The program may be removed from the agenda for not retaining a permanent program director for this time period. • If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining a permanent program director for this required 15-month time period. • If at 15 months prior to the initial provisional site visit the program has never hired a program director, the program will be removed from the commission agenda, forfeiting any fees paid. 	
D1.01b	Based on the qualifications outlined in the <i>Standards</i> , the program <i>must</i> have: <ul style="list-style-type: none"> b) A <i>medical director</i> appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • How long has the medical director worked for the PA program? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • The medical director may be a paid employee or a volunteer. May or may not have an academic appointment. See <i>Standards</i> A2.11 and A2.12 also. • The Commission expects that the program will retain the same medical director for these 15 months. Programs <i>must</i> inform the ARC-PA immediately when the medical director is hired OR if there is a change in medical director. The program may be removed from the agenda for not retaining a permanent medical director for this time period. • If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining a permanent medical director for this time period. • If at 15 months prior to the initial provisional site visit the program has never hired a program director, the program will be removed from the commission agenda, forfeiting any fees paid. 	
<p>D1.01c</p>	<p>Based on the qualifications outlined in the <i>Standards</i>, the program <i>must</i> have:</p> <p style="padding-left: 20px;">c) 2.0 FTE PA-C <i>principal faculty</i> and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How long have each of the PA-C principal faculty members worked for the PA program? Do their FTE add up to 2.0? • How long have the staff members worked for the PA program? Do their FTE add up to 1.0? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • The Commission expects that the program will retain the same principal faculty and support staff for these 9 months. Programs <i>must</i> inform the ARC-PA immediately when these individuals are hired and if there are any changes. The program may be removed from the agenda for not retaining permanent principal faculty and staff for this time period. If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining faculty and staff for this time period. • If any of the above positions have never been filled by 9 months prior to the initial provisional site visit, the program will be removed from the commission agenda, forfeiting any fees paid. 	

<i>Of Note:</i>	
<ul style="list-style-type: none"> By the time of the site visit, the program <i>must</i> meet all <i>Standards</i> which includes the 3.0 FTE principal faculty required by A2.02b. 	
D1.01d	Based on the qualifications outlined in the <i>Standards</i> , the program <i>must</i> have: <ul style="list-style-type: none"> d) A chief administrative officer or designee assigned to be responsible for the development of the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Who is the CAO responsible for development of the program? Did the CAO designate someone else to be responsible for the development of the program, and if so, who? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Typically, the designee of the chief administrative officer is a dean, department chairperson or provost. If a CAO or designee has not been assigned to be responsible for the development of the program by the time of the site visit, the program will be removed from the commission agenda, forfeiting any fees paid. 	
D1.02a	The developing program <i>must</i> publish and make <i>readily available</i> to everyone who requests information, applies, or plans to enroll: <ul style="list-style-type: none"> a) its ARC-PA applicant status as provided to the program by the ARC-PA,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where and how does the program communicate its ARC-PA applicant status? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> ARC-PA applicant status is correctly displayed in a place on the website that may be easily accessed either on or from the program’s home page. ARC-PA applicant status is correctly displayed on all correspondence from the program to <i>prospective students</i>. 	

D1.02b	The developing program <i>must</i> publish and make <i>readily available</i> to everyone who requests information, applies, or plans to enroll: b) that the program is not yet accredited, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where and how does the program communicate that it is not yet accredited? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program website clearly displays either on or from the program’s home page that it is not yet accredited. • All correspondence to <i>prospective students</i> clearly describes the program as not yet accredited. 	
D1.02c	The developing program <i>must</i> publish and make <i>readily available</i> to everyone who requests information, applies, or plans to enroll: c) the implications of non-accreditation by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where and how does the program communicate what the implications are to <i>prospective students</i> if the program does not achieve accreditation within the program’s published timelines? • What implications did the program list? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Implications of non-accreditation are clearly listed on the program’s website. Examples of implications might include forfeiture of matriculation, non-reimbursement of CASPA fees, program-specific application fee refunds, deposit refunds, acceptance into the program once accredited, opportunities for enrollment into other programs, etc. • Implications of non-accreditation are clearly listed in program correspondence to <i>prospective students</i>. 	

D1.03	Prior to the ARC-PA provisional comprehensive evaluation site visit, the program <i>must</i> have a complete and institution-approved curriculum and have established evaluation methods for all didactic and clinical components of the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the university’s process for approving courses and curriculum? When was the PA program curriculum approved? • What are the primary methods of assessment in each course in the curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Course syllabi, student handbooks or other documents which include written curriculum design, sequencing, and full description of all evaluation methods for the entire program curriculum. • Documented institutional approval of the curriculum. 	
D1.04a	<p>The program <i>must</i> provide detailed information for each course and <i>rotation</i> offered in the program. The program <i>must</i> have a course syllabus for each course and <i>rotation</i> that includes the:</p> <ul style="list-style-type: none"> a) course name, b) course description, c) course goal/rationale, d) outline of topics to be covered, e) <i>learning outcomes</i> and instructional objectives, f) faculty instructor of record if known, g) methods of student assessment/evaluation, and h) plan for grading
FOCUSED QUESTIONS	
See B1.03	
ESSENTIAL EVIDENCE	
See B1.03	

D1.05	The program <i>must</i> have signed agreements from prospective clinical sites participating in the <i>supervised clinical practice experiences sufficient</i> in number to meet the needs of the <i>maximum class size</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have clinical placements for the class size requested to be placed at all required clinical <i>rotation</i> SCPE's? • For programs with clinical phase longer than 12 months - How does the program ensure <i>sufficient</i> clinical placements at SCPE's during overlap of two cohorts? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical <i>rotations</i>. • Documentation that identifies the specified number of students each site has agreed to supervise per year ("slots") as stated in the Appendix 11 SCPE template. If the affiliation agreements do not include the number of agreed placements, the program <i>must</i> provide additional documentation that verifies the information. For example: initial <i>preceptor</i> evaluation forms, memorandum of understanding, letter of intent, email correspondence with the site, etc. • Evidence <i>must</i> demonstrate <i>sufficient</i> clinical placements for the program's requested <i>maximum class size</i>. • If the program has a clinical phase longer than 12 months, the program documentation <i>must</i> show that the program has <i>sufficient</i> sites for both cohorts during the overlap. 	
D1.06	If provisional accreditation status is granted, the program <i>must</i> not admit more students than the number requested by the program and approved by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What was the maximum class size requested by the program? • Did the program admit less than or equal to that maximum class size? 	
ESSENTIAL EVIDENCE	

- Student class size data submitted to the ARC-PA indicates compliance.
- If, at any point, a cohort size exceeds the maximum class size for any reason (i.e. deceleration), the program immediately reports this using report forms from the ARC-PA website.

SECTION E: ACCREDITATION MAINTENANCE

Section E addresses the responsibilities of programs and sponsoring institutions related to maintaining their accreditation. Review of this section is important to programs and noncompliance with the standards included in this section can affect a program’s accreditation status. Much of the evidence for Section E is documented correspondence with the ARC-PA.

E1 PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES

Standard	Evidence Suggestions / Performance Indicators
<p>E1.01</p>	<p>The program <i>must</i> inform the ARC-PA within 30 days of the date of notification of any:</p> <ul style="list-style-type: none"> a) change in the accrediting agency for the sponsoring institution, or b) adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution’s accrediting agency.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Will the program notify the ARC-PA within 30 days of any change in the accreditation of the sponsoring institution? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of the accrediting agency and status for the sponsoring institution. 	

E1.02	The program <i>must</i> agree to and cooperate with periodic comprehensive and/or focused reviews of the program by the ARC-PA. Such reviews may include a site visit, which are scheduled as determined by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Did the program agree to its accreditation site visit? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program director correspondence with the ARC-PA regarding scheduling of comprehensive review and other visits. 	
E1.03	The program <i>must</i> submit reports or documents as required by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Did the program submit its application and all of the appendices according to the instructions? • Did the program maintain its portal with current information? • Did the program submit reports when required by the standards? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Reports/applications received by the ARC-PA are completed following directions, in the prescribed format, submitted at the prescribed time. • This includes maintenance of the program’s Portal with the program’s most current information. 	
E1.04a	<p>The program <i>must</i> inform the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of:</p> <ul style="list-style-type: none"> a) program director (or interim) within two business days of the vacancy,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> If the program had a change of personnel in the program director position, did the program report it as required by the ARC-PA? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a <i>timely</i> manner, using forms and following directions provided. The Change in PA Program Faculty form is to be used to inform the ARC-PA of a personnel change including the resignation, termination, or appointment in the listed positions. A Change in PA Program Faculty form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position. More information on <u>Program Changes</u> can be found further in this document. 	
E1.04b	<p>The program <i>must</i> inform the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of:</p> <p style="padding-left: 40px;">b) <i>medical director</i> (or interim) within 30 days of the vacancy, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> If the program had a change in medical director, was the change reported using the correct form and within the 30 calendar days requirement? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a <i>timely</i> manner, using forms and following directions provided. The Change in PA Program Faculty form is to be used to inform the ARC-PA of a personnel change including the resignation, termination, or appointment in the listed positions. 	

<ul style="list-style-type: none"> • A Change in PA Program Faculty form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position. • More information on Program Changes can be found further in this document. 	
E1.04c	<p>The program <i>must</i> inform the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of:</p> <p style="padding-left: 40px;">c) <i>principal faculty</i> within 30 days of the vacancy.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • If the program had any principal faculty changes, were they reported using required forms within the 30 calendar days? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a <i>timely</i> manner, using forms and following directions provided. • The Change in PA Program Faculty form is to be used to inform the ARC-PA of a personnel change including the resignation, termination, or appointment in the listed positions. • A Change in PA Program Faculty form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position. • More information on Program Changes can be found further in this document. 	
E1.05	<p>The program <i>must</i> demonstrate <i>active</i> recruitment to permanently fill vacated or interim positions. The program <i>must</i> provide quarterly updates to the ARC-PA on progress filling vacated or interim positions.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the program actively recruit to fill open positions? 	

<ul style="list-style-type: none"> Has the program’s recruitment to fill open positions been effective within a 3-month or other designated time frame? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Advertisements for faculty vacancies, indications of how advertised and timing of advertisements, assurance of budgetary support for the position(s), timeline for filling vacancies, or if filled, description of interval from vacancy to filling of the position(s). Quarterly updates provided to the ARC-PA. Discussion with PD and institutional officials about progress on filling the open position(s). 	
<p>E1.06</p>	<p>An interim program director (IPD) <i>must</i> meet the qualifications of the program director.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> If the program had an IPD, did that person meet the qualifications listed in the <i>Standards</i> for the program director? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Current CV of IPD demonstrates that the IPD meets the qualifications required by all applicable <i>Standards</i> and the job description. PD job description/requirements. IPD qualified as required by the <i>Standards</i> (A2.06-A2.10). 	
<p>E1.07</p>	<p>The appointment of the IPD position <i>must</i>:</p> <ul style="list-style-type: none"> a) occur within five business days of the vacancy caused by the program director’s resignation/termination, and b) not exceed 12 months.
<p>FOCUSED QUESTIONS</p>	

<ul style="list-style-type: none"> If the program has ever appointed or needed to appoint an IPD, did the newly appointed IPD assume their duties within five business days of the vacancy? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Evidence that the IPD was in place within 5 business days. Program has IPD acting in place of a PD for less than 12 months. The 12 months begins when the PD is no longer present at the program and the IPD assumes their role. Detailed plan with timeline for recruitment of permanent PD. If PD hired but not yet on site, description of interval from vacancy to filling of the position. Quarterly updates provided to the ARC-PA. 	
<p>E1.08a</p>	<p>The program <i>must</i> inform the ARC-PA within two business days, using forms and processes developed by the ARC-PA, of a temporary vacancy or extended absence of:</p> <p>a) the program director/interim program director greater than 21 calendar days, or</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> If the program had a PD or IPD absent from their position for greater than 21 calendar days, did the program inform the ARC-PA? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Evidence that the program submitted notification to the ARC-PA within 2 business days of a temporary vacancy of greater than 21 days in the position of the PD or IPD. 	
<p>E1.08b</p>	<p>The program <i>must</i> inform the ARC-PA within two business days, using forms and processes developed by the ARC-PA, of a temporary vacancy or extended absence of:</p>

	b) the <i>medical director/interim medical director or principal faculty</i> greater than 90 calendar days
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • If the program had any medical director, interim medical director or principal faculty member take an extended absence of longer than 90 calendar days, did the program notify the ARC-PA within 2 business days of their knowledge of the extended absence? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence that notification of a temporary leave of absence outlined in the standard was submitted to the ARC-PA within two business days, using forms and following directions provided. • This standard refers to a leave of absence with expected return to the same role in the program (e.g., family medical leave, short term disability, etc.). • More information on <u>Program Changes</u> can be found throughout this document. 	
E1.09	<p>The program <i>must</i> 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:</p> <ul style="list-style-type: none"> a) program expansion to a <i>distant campus</i>, b) requirements for program completion/graduation that include changes in total credits required, c) the curriculum that result in an increase in the student tuition, d) an increase in the approved maximum entering class size, or e) program length, greater than one month.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • If the program had any of these listed changes, were the change requests submitted at least 6 months prior to the intended implementation date? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence of written request to the ARC-PA, at least six months prior to implementation, using ARC-PA forms and processes. 	

- The *maximum entering class size* is approved by the ARC-PA upon review of the program by the commission or after approval of a change request for a class size increase. Any increase above the ARC-PA approved *maximum entering class size* requires approval by the ARC-PA.
- Programs should plan accordingly for changes requiring approvals within the time frame required by the standard. Take into consideration the length of time between submission and commission review based on the submission deadlines listed at the top of the change forms (online at <https://www.arc-pa.org/entry-level-accreditation/program-change-forms/>).
- It is recommended that programs begin the approval process one year before a change.
- The commission may request more information prior to making a final decision. That will inevitably delay the decision which would delay the change implementation.
- The request submission is more likely to be approved by the commission on its first review if it is complete and thorough. A list of required information is provided on each change form.

E1.10

The program *must* inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes to the degree granted at program completion.

FOCUSED QUESTIONS

- If the program changed the degree granted, did it submit the information to ARC-PA at least 6 months ahead of implementation?

ESSENTIAL EVIDENCE

- Evidence of written notification to the ARC-PA, six months prior to implementation, using ARC-PA forms to report proposed changes.
- More information on program changes can be found throughout this document.

E1.11a

The program *must* immediately inform the ARC-PA in writing, using forms and processes developed by the ARC-PA when:
 a) enrollment exceeds its *maximum approved class size*, or

FOCUSED QUESTIONS

- Has the program cohort size ever exceeded the approved maximum class size? If so, did the program immediately inform the ARC-PA?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Any increase above the ARC-PA approved <i>maximum entering class size</i> for any reason requires program notification to the ARC-PA using the forms and following the instructions provided by the ARC-PA. A few examples of reasons why this might occur include: attrited students joining another cohort that was already full, accepting students from a program that is closing, or moving a student from one program campus to another. <p><i>Of Note:</i></p> <ul style="list-style-type: none"> It is never acceptable for a program to accept more applicants than its maximum class size even when the program anticipates that a few will not end up matriculating because this practice may lead the program to have an entering cohort larger than its maximum approved class size. Creating an alternates list is the acceptable practice. 	
E1.11b	The program <i>must</i> immediately inform the ARC-PA in writing, using forms and processes developed by the ARC-PA when: <ul style="list-style-type: none"> b) it encounters a substantive decrease in fiscal support of: <ul style="list-style-type: none"> i. 20% or more decrease in overall budget or for program expenditures, or ii. 5% or more decrease in its operating budget.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Has the program experienced a budget decrease at any point in the past 3 years? Has the program had any vacant positions lose the associated funding? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> A decrease in support for the program may refer to a decrease in budget allocations for human, academic or physical resources. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Federal, state or private grants or other funds awarded to the sponsoring institution or to outside agencies that supported individuals or program activities may not be renewed. Programs are required to report $\geq 20\%$ decrease in overall budget which includes, at minimum, the following 4 areas: <ul style="list-style-type: none"> a) Faculty salaries and benefits, b) Staff salaries and benefits, 	

<p>c) Faculty/staff development (Funding provided to the program director and principal faculty in support of maintenance of certification, licensure, and professional development directly relevant to PA education), d) and operations.</p> <ul style="list-style-type: none"> Programs are required to report $\geq 5\%$ decrease in the operating budget which is a subset of the overall budget. It does not include salaries and benefits. 	
E1.12	The sponsoring institution <i>must</i> inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Has the program had its sponsorship transferred from one institution to another? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Evidence of <i>timely</i> notification of ARC-PA by sponsoring institution. Notification should occur as soon as the institution begins considering such action to assure that ARC-PA policies and procedures (https://www.arc-pa.org/about/policies-bylaws/) about transfers are addressed. 	
E1.13	The program and the sponsoring institution <i>must</i> pay ARC-PA accreditation and associated fees as determined by the ARC-PA.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Has the program paid its accreditation fees as required and by the due date? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Evidence of <i>timely</i> payment of invoices sent to the program by the ARC-PA. 	

- Note: A program may be placed on Administrative Probation for failure to pay fees. (See [ARC-PA Policy 11.9](#))

STANDARDS GLOSSARY

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

TERM	DEFINITION
ABMS	American Board of Medical Specialties.
Accurately	Free from error.
Active	Having practical operation or results, characterized by action rather than by contemplation or speculation.
Administrative Support (Staff)	Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff do not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data <i>analysis</i> .
Advanced Placement	A waiver of required coursework included in the PA curriculum for applicants to the program and/or a waiver of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components at the sponsoring institution.
Analysis	Study of compiled or tabulated data interpreting correlations and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
AOA	American Osteopathic Association
Attrition	<p>Attrition is a reduction in number.</p> <p>Student attrition: the permanent loss of a matriculated student from a cohort in a PA program.</p> <p>Faculty/Staff attrition: the loss of a faculty/staff member from a position assigned to the PA program. Annual attrition rate is calculated as the $(\#FTE \text{ lost from the program} / \# FTE \text{ assigned to the program}) \times 100 = \% \text{ attrition}$. The attrition rate is unaffected by whether or not the person(s) who left was replaced.</p> <ul style="list-style-type: none"> •Example 1: If a program is assigned 1 FTE staff total, and that program had a staff person leave every 6 months and therefore 2 different people left over the calendar year 2023. Attrition would be $(2/1) \times 100 = 200\%$ attrition. •Example 2: if a program had 0.5 FTE faculty person leave and the program had 4.0 FTE total faculty, then the attrition would be $(0.5/4) \times 100 = 12.5\%$ attrition.
Clinical Affiliates	Clinical practice sites used by the program to provide supervised clinical practice experiences for students.
Clinical Skills	Clinical skills are skills used to make patient care decisions. Examples include, but are not limited to, history taking, performing physical exam, patient counseling, diagnostic reasoning, diagnostic studies interpretation, effective communication, teamwork, and professionalism.
Comparable	Similar but not necessarily identical.

TERM	DEFINITION
Competencies	The medical knowledge, interpersonal, <i>clinical and technical skills</i> , professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.
Consultant	An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program, principal or <i>instructional faculty</i> or staff.
Course Director	Faculty member primarily responsible for the organization, delivery and evaluation of a course.
Deceleration	The loss of a student from the entering cohort who remains matriculated in the PA 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. The <i>inclusion</i> of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another.
Effectiveness	The degree to which objectives are achieved and the extent to which problems are solved.
Elective Rotation	Supervised clinical practice experiences that may differ by student and which allow students to gain exposure to or deeper understanding of medical specialties related to their clinical or academic areas of interest.
Equity	The implementation of resources, consistent with applicable law, that address the remediable differences among diverse groups for all to achieve academic success.
Equivalent	Resulting in the same outcomes or end results.
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help students in achieving goals.
Frequent	Occurring regularly at brief intervals.
Goals	The end toward which effort is directed.
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system. This term includes routine clinical or office records, records of care in any health-related setting, preventive care, lifestyle evaluation, research protocols and various clinical databases.
Inclusion	The active, intentional and ongoing engagement with <i>diversity</i> in ways that increase awareness, content knowledge, cognitive sophistication and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and/or clinical phases of the program, regardless of length of time of instruction, faculty status or rank who are not already classified in ARC-PA terms as principal faculty, program director, or medical director

TERM	DEFINITION
Instructional Objectives	Statements that describe observable actions or behaviors the student will be able to demonstrate after completing a unit of instruction.
Interprofessional practice	Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.
Learning Outcomes	The medical knowledge, interpersonal, <i>clinical and technical skills</i> , professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component, course or program.
Maximum Class Size	Maximum potential number of students enrolled for each admission cycle as approved by the ARC-PA.
Medical director	Physician assigned to the PA program and who reports to the program director. The FTE assigned to the medical director is specific to this position/role. Supports the program in ensuring that didactic and clinical instruction meet current practice standards as they relate to the role of the PA in providing patient care.
Must	The term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
NCCPA	National Commission on Certification of Physician Assistants
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
Personal wellness	The quality or state of being in good health especially as an actively sought goal. It includes choices and activities aimed at achieving physical vitality, sense of accomplishment, and personal fulfillment.
Preceptor	Any <i>instructional faculty</i> 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 <i>instructional faculty</i>
Prospective Students	Any member of the general public who is seeking information about the program.
Published	Presented in written or electronic format.
Readily Available	Made accessible to others in a <i>timely</i> fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.
Recognized Institutional Accrediting Agencies	An institutional accrediting agency or association recognized by the United States Department of Education (DOE) or the Council for Higher Education Accreditation that offers accreditation for graduate degrees.
Remediation	The program defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Required Rotation(s)	Rotations which the program requires all students to complete. While an elective <i>rotation</i> may be one of the required <i>rotations</i> , it is not included in this definition.
Rotation	A supervised clinical practice experience for which there are published expected <i>learning outcomes</i> and student evaluation mechanisms.
Should	The term used to designate requirements that <i>must</i> be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. A program or institution may be cited for failing to comply with a requirement that includes the term ' <i>should</i> '.
Student Services	Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid, student health, computing and library resources and access.
Subspecialists	A narrow field of practice within its medical specialty as defined by ABMS and AOA.
Succinctly	Marked by compact, precise expression without wasted words.

TERM	DEFINITION
Sufficient	Enough to meet the needs of a situation or proposed end.
Summative Evaluation	An assessment of the learner conducted by the program to ensure that the learner has the medical knowledge, interpersonal, <i>clinical and technical skills</i> , professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. This evaluation <i>must</i> 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 Skills	Technical skills are procedural skills. Examples include, but are not limited to, performing diagnostic studies, intravenous line insertion, surgical scrubbing, cast application, and suturing.
Technical Standards	Nonacademic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
United States	The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island. A program may satisfy the requirement of <i>supervised clinical practice experiences</i> through medical facilities located in the <i>United States</i> and through a limited number of medical facilities that are accredited by the <i>United States</i> Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.