ARCAA

The Accreditation Review Committee
for the Anesthesiologist Assistant

ARC-AA Policies and Procedures Manual

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The Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) is a not-for-profit 501(c)(3) corporation initially organized under the laws of Texas and currently incorporated under the laws of Wisconsin. The purpose of the ARC-AA is to serve the public, the Anesthesiologist Assistant profession, and the programs delivering professional education in the Anesthesiologist Assistant profession by providing services for national voluntary accreditation of Anesthesiologist Assistant programs in the United States as a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), subject to the bylaws, policies, and procedures of both organizations.

For additional information, documents, and procedures related to ARC-AA and its policies, consult www.arc-aa.org.

The ARC-AA is committed to transparency and consistency in its accreditation activities, and the ARC-AA Policies and Procedures Manual supports that goal.

The ARC-AA *Policies and Procedures Manual* works in conjunction with the CAAHEP *Policies and Procedures Manual* (www.caahep.org), and Anesthesiologist Assistant Program Directors should keep both manuals available for easy reference.

The ARC-AA *Policies and Procedures Manual* supports and bolsters the accreditation process for CAAHEP-accredited Anesthesiologist Assistant programs in further enhancing competency-based education. The policies outlined in the ARC-AA *Policies and Procedures Manual* ensure that ARC-AA's communities of interest are fully informed about how ARC-AA makes decisions about accreditation recommendations. The Anesthesiologist Assistant Program Directors of CAAHEP-accredited programs are expected to adhere to these policies.

In addition to providing policy information, the ARC-AA Policies and Procedures Manual also, when applicable, provides the program director with procedures to ensure a clear understanding of the method by which policy decisions are enacted. The ARC-AA Policies and Procedures Manual is reviewed periodically to ensure currency.

Note: Throughout this document, the term 'program' refers to the Anesthesiologist Assistant education program presented by a sponsor that meets the CAAHEP definition of a program sponsor.

I. AUTHORIZATION

A. Identity

The Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), Inc. (ARC-AA) derives its identity from the policies of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and its collaborating sponsors, the American Academy of Anesthesiologist Assistants (AAAA), the American Society of Anesthesiologists (ASA), and the Association of Anesthesiologist Assistant Education Programs (AAAEP).

B. Structure, Organization, and Policy and Procedure Development

ARC-AA functions as a Committee on Accreditation within the CAAHEP system and adheres to the CAAHEP policies and procedures. ARC-AA assures its policies and procedures are consistent with CAAHEP policies and procedures.

C. Policies and Procedures

Members of the ARC-AA are responsible for adopting policies and procedure

The ARC-AA uses a collaborative process that may include input from communities of interest and CAAHEP to develop policies and procedures, which the ARC-AA then approves.

If a policy is not addressed in the Accreditation Policies and Procedures Manual, the CAAHEP Policy Manual will serve as the default. In cases when CAAHEP policies and ARC-AA policies differ, the more stringent of these applies.

II. FUNCTIONS

A. Program Review. The primary function of ARC-AA is to assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant*.

B. Educational Outcomes Assessment. ARC-AA is responsible for evaluating and recommending means by which its collaborating sponsors may favorably influence the quality and availability of education for Anesthesiologist Assistants as a service to the public and professions.

C. Review CAAHEP *Standards & Guidelines* of Accreditation. ARC-AA conducts periodic reviews of the CAAHEP *Standards and Guidelines* and revises them as necessary.

D. Accreditation Process Evaluation. ARC-AA develops policies and processes that comply with the standards established for accrediting organizations and perform other functions pertinent to educational program accreditation.

III. ACCREDITATION REVIEW

ARC-AA reviews educational program applications for accreditation to determine if the programs are in compliance with the established CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant*.

All documents and communications involved with the accreditation processes conducted by ARC-AA will be in the English language.

A. Program Documentation.

ARC-AA requires that programs seeking accreditation provide evidence, in the form of a written report, that a self-study has been conducted. Accredited programs will submit an annual report electronically and participate in a comprehensive review.

If requested information, including but not limited to the self-study report, annual report, or request for clarification, is not received within seven (7) days of the given due date, the program will be placed on administrative probation. If a specific due date is not given, programs will respond within thirty (30) days.

If the requested information is not received in a timely manner or in the required format when a program is undergoing a comprehensive review, the program's self-study report may be returned without further review. Once returned, the program will begin the initial or continuing accreditation process again, including resubmitting all appropriate fees.

B. Anonymous Student Surveys.

ARC-AA administers a survey to students during the program's comprehensive review process to collect information to assist site visitors with validating information and formulating its questions. These surveys differ from the student surveys administered by the program annually as part of the Resource Assessment.

1. Administer Survey

ARC-AA administers the student survey upon receipt of the Self-Study Report (SSR).

2. Collect Data

    a. ARC-AA monitors survey response rates and updates the program director as needed.

    b. If less than 80% of each survey has been completed, the program director is notified and urged to encourage students to complete the survey.

3. Distribute Data

    a. ARC-AA collects, collates, and sends the survey results to the site visit team at least one month before the site visit.

    b. The survey results for students are collated in three (3) groups: 1st year students, 2nd year students, and all students. If there is a group of 3rd year students, then an additional group will be collated.

    c. Providing there is a response rate greater than 80%, the survey results are distributed to the program after the site visit report and the Site Visit Findings Letter have been completed and distributed to the program officials.

        1) If a subgroup [1st year, 2nd year, or 3rd year] of students does not meet the threshold of 80%, then that subgroup will not be sent to the program.

        2) If survey results are below the threshold of 80% for the entire group or any subgroup, then dialogue will be opened to identify the reason(s).

4. Confidentiality of Surveys

    a. All survey data remains confidential at all times, as with all other data disclosed by the program during the site visit and accreditation process.

    b. All survey participants remain anonymous at all times during the survey process. No personally identifying information will be requested of the students at any time.

B. Core Elements of the Accreditation Process

1. Program Initiates Accreditation Process through ARC-AA.

    a. Seeking Initial Accreditation

        Program completes the Request for Accreditation Services (RAS) on the CAAHEP website. Upon receipt of the RAS, ARC-AA provides instructions to

the program to submit the Initial Accreditation Self-Study Report (ISSR) and invoices the program for fee(s) due.

b. Seeking Continuing Accreditation

ARC-AA notifies the program at least six (6) months in advance of the Continuing Accreditation Self-Study Report (CSSR) due date and invoices the program for fee(s) due.

2. Submission of Self-Study Report

Program submits the SSR and supporting documentation and non-refundable/non-transferable fees.

A self-study report will not be considered complete nor accepted for review if any of the following items are not met: Standard I Sponsorship, Standard III. Personnel, specifically the Program Director and Medical Director.

3. Review of Self-Study Report

ARC-AA reviews the self-study report with due dates for any additional materials, if applicable. ARC-AA sends the Executive Analysis (EA) to the program.

4. Site Visit.

A site visit is required to evaluate compliance with the CAAHEP *Standards*. Site visitors represent both ARC-AA and CAAHEP.

For programs seeking their first continuing accreditation, ARC-AA conducts the site visit one year after the first cohort graduates. If there are concerns that cannot be addressed through a progress report, a subsequent site visit may be required before a recommendation is forwarded to CAAHEP.

a. A written report of the site visit findings is provided to the program within thirty (30) days following its site visit. The Site Visit Findings Letter and Report, in addition to stating the areas not meeting the CAAHEP Standards, will include a listing of the program strengths and may include recommendations. The program responds to the factual accuracy of the Site Visit Findings Letter and Report (confirms or alleges inaccuracies). Additionally, programs are given an opportunity to respond to the report of findings.

b. The program's response to the report of findings is taken into consideration when determining an accreditation action recommendation.

5. ARC-AA Reviews Program's Compliance with CAAHEP *Standards.*

    a. Review the program's response to the site visit findings letter, including additional materials, if submitted.

    b. Request additional materials as appropriate.

    c. For programs seeking First Continuing Accreditation, the program may host a second site visit for one (1) day and repeat steps 4 and 5.

6. Accreditation recommendation determined by ARC-AA.

    After careful review of all documents, the ARC-AA Board of Directors collectively determines a recommendation for each program. The recommendation options are in the CAAHEP *Policy and Procedures Manual*. The ARC-AA recommendation for each program will be forwarded to CAAHEP where the final accreditation decision is made.

7. Notification of accreditation decision.

    The program will be notified by CAAHEP of the accreditation decision.

8. Continuous Quality Review (Interim and Annual Reports).

    ARC-AA monitors programs for effective compliance with published criteria using interim and annual reports.

    a. Interim Reports are submitted by programs holding Initial Accreditation.

    b. Interim Reports are based on the site visit findings and, at a minimum, will include the:
        1) Annual Report
        2) Student and faculty survey results
        3) Advisory Committee Meeting – roster, meeting minutes, resumé of public member
        4) Clinical Rotations – verifiable second year student, one month, rotations with primary subspecialties, while not limiting verifiable first year clinical sites in the process

    c. Annual Reports are submitted by programs holding Continuing Accreditation.

C. Accreditation Categories.

ARC-AA will utilize only those accreditation categories currently approved by CAAHEP as delineated in the CAAHEP *Policy and Procedures Manual*.

D. Length of Accreditation.

After a comprehensive review, accreditation is granted by CAAHEP, upon the recommendation of ARC-AA, to programs in compliance with the CAAHEP *Standards and Guidelines*.

1. If the program is seeking initial accreditation, ARC-AA may recommend to CAAHEP for the next comprehensive review, including a self-study report and site visit, occur no more than five (5) years from the date of CAAHEP action.

2. If the program is seeking continuing accreditation for the first time, the ARC-AA may recommend to CAAHEP that the next comprehensive review, including a self-study report and site visit, occur no more than five (5) years from the date of CAAHEP action.

3. If the program has participated in two (2) or more comprehensive reviews, including a self-study report and site visit, and all have resulted in a positive recommendation to CAAHEP, then ARC-AA may recommend accreditation to CAAHEP for the next comprehensive review, including self-study report and site visit, occur no more than ten (10) years from the date of CAAHEP action.

IV. REQUEST FOR RECONSIDERATION OF AN ADVERSE ARC-AA RECOMMENDATION

A. When ARC-AA formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the Chief Executive Officer of the program sponsor is notified in writing of that ARC-AA's recommendation. The sponsor will have fourteen (14) calendar days after the program is notified in writing by certified mail/return receipt requested) or by electronic notice with evidence of receipt that a negative decision is being recommended to CAAHEP. The program will have the right to request reconsideration.

B. The notification includes the specific areas where the program was found deficient (Standards cited), the rationale for those citations, and the suggested documentation by which the program may demonstrate its compliance with the CAAHEP *Standards*.

C. If the Program does not request reconsideration by the deadline, the original ARC-AA recommendation is forwarded to CAAHEP with the correspondence documenting that the program was notified of it rights and that due process was followed.

D. If the Program requests reconsideration, it is notified of a deadline to submit additional (new) material for consideration by ARC-AA.

E. ARC-AA will place reconsideration of the original recommendation on its next agenda following the program's deadline for submission of materials.

F. The ARC-AA Board will review the reconsideration action based on all the materials at the time of the original recommendation and new materials submitted by the Program.

G. ARC-AA formulates a recommendation to CAAHEP for:

    1. Initial Accreditation or Withhold Accreditation for new programs, or

    2. Continuing Accreditation, Probationary Accreditation, or Withdrawal of Accreditation for accredited programs, including the Standards cited, the rationale for each citation, and the suggested documentation to correct each citation.

H. If ARC-AA formulates a recommendation that could change the CAAHEP accreditation status of the program, the recommendation is forwarded to CAAHEP along with the correspondence documenting that the Program was notified of its rights and that due process was followed.

I. If ARC-AA formulates a recommendation that would not change the CAAHEP accreditation status, but includes citations, the recommendation is not forwarded to CAAHEP, and a Progress Report is requested from the Program.

V. SITE VISITORS

A. Composition of Site Visit Team. A site visit team consists of either:
    1. two (2) anesthesiologist assistants – or –
    2. one (1) anesthesiologist assistant and one (1) physician anesthesiologist.

    The third member of the site visit team may be an anesthesiologist assistant, a physician anesthesiologist, a university dean, or an ARC-AA staff person.

    At least one member of the team will be an educator.

A site visit team conducting a site visit to a program seeking Initial Accreditation should include a physician anesthesiologist when available.

No site visitor will have any real or potential conflict of interest that may affect the evaluation. If the site visitor, program, or ARC-AA has reason to believe a conflict of interest exists, the visitor will be excused, and another member selected. All site visitors are required to sign a confidentiality statement.

Observers may accompany the site visit team.

ARC-AA assigns a minimum of two (2) site visitors, and preferably three (3) site visitors, for each site visit. A single site visitor is acceptable only in unusual and extenuating circumstances and only with the approval of the ARC-AA Chair, the program sponsor, and the program administration.

B. Site Visitor Selection and Appointment.

Site visitor applicants will be qualified by education and experience.

1. All Site Visitors

    a. Successful completion of the CAAHEP Site Visitor Quiz.
    a. If with a CAAHEP-accredited Anesthesiologist Assistant program, the program must be in good standing.

2. Anesthesiologist Assistant

    a. At least two (2) years of full-time experience or five (5) years of part-time experience as an Anesthesiologist Assistant educator with a CAAHEP-accredited Anesthesiologist Assistant program; and,
    b. Knowledgeable about education issues, especially curriculum, exam development, program evaluation, or student evaluation; and,
    c. Qualify as a Program Director under current CAAHEP *Standards*; and,
    d. If retired and not currently working with a CAAHEP-accredited Anesthesiologist Assistant program, has worked in AA education within the past five (5) years; or
    e. A current or past member of the ARC-AA Board.

3. Physician Anesthesiologist

    a. Actively involved in Anesthesiologist Assistant education.
    b. Knowledgeable about education issues; and,
    c. Qualify as a medical director under current CAAHEP *Standards*; and,

d. If retired and not currently working with a CAAHEP-accredited Anesthesiologist Assistant program, has worked in AA education within the past five (5) years; or
e. A current or past member of the ARC-AA Board.

4. University Dean or Associate Dean

   The dean position will function as a generalist for the site visit, reviewing and validating data that is not content specific to anesthesiologist assistant, unless the individual has previous experience as an anesthesiologist assistant or an anesthesiologist.

   a. Actively involved as a dean, or associate dean, of allied health.
   b. Have experience working with programmatic or institutional accreditation.
   c. If retired and not currently working, has worked as a university dean or associate dean within the past five (5) years.

5. ARC-AA Staff Member

   The staff member functions as a generalist for the site visit, reviewing and validating data that is not content specific to the anesthesiologist assistant profession, unless the individual has previous experience as an anesthesiologist assistant or a physician anesthesiologist.

   a. Actively involved in programmatic or institutional accreditation activities.
   b. Knowledgeable about education issues.

C. Site Visitor Expectations.

Active site visitor status is subject to review by ARC-AA and is based upon annual appointment recommendations by ARC-AA. Re-appointment recommendations for site visitors will be based on the quality of their performance as a site visitor and the number of site visits during the prior year(s).

The general competencies expected of site visitors include:

1. An in-depth knowledge of:

   a. The full scope of the program's resources, operations, and components as described in the Self-Study Report prepared by the institution under evaluation.
   b. The most current CAAHEP *Standards and Guidelines*.

c. The existing procedures for accreditation, including the mechanism for reconsideration.
d. The role of resource assessment and outcome evaluation in AA programs.

2. A general knowledge of:

a. The principles of institutional organization/administrations including:
   1) Institutional accreditation processes
   2) Fiscal policy and planning
   3) Various organizational/authority structures

b. Curriculum design and instructional methods, including non-traditional approaches.

c. Psychometric theory and application including:
   1) Cognitive testing and evaluation
   2) Performance evaluation

d. Contemporary standard of anesthesia care, including current procedures and equipment, and the expected role of practitioners.
e. Current learning resources related to anesthesiology, patient care, and medicine.
f. Sensitivity to the potential for personal or professional bias.

D. Withdrawal of Site Visitor Appointment.

Individuals may be deleted from the roster of active site visitors if they voluntarily resign, are inactive for three (3) or more years, or fail to correct any deficiencies revealed on the evaluative process. In this context, 'inactive' is defined as one performing an average of less than one site visit every three years or failure to complete site visitor training within three years.

E. Responsibilities of the Site Visit Team.

The primary responsibilities of the site visit team include:

1. Before the Site Visit

a. Confirm Participation

Selected team members should promptly notify ARC-AA of their willingness to participate in a scheduled site visit. Any real or potential conflict of interest should be considered and ruled out. Site visitors will

decline any assignment in which a real conflict of interest may be perceived.

b. Review Self-Study Report

Team members will review the contents of the Self-Study Report in relation to the CAAHEP *Standards*. When necessary, the team captain should communicate with the program for any clarification of submitted materials.

c. Communicate with Team

Following the review of the written report and the supplementary documentation, team members will communicate with each other to develop strategies for data collection and evaluation, outline specific areas of scrutiny, and identify concerns.

d. Finalize Site Visit Agenda

A mutually satisfactory agenda will be arranged in consultation with the program director of the program being visited. ARC-AA and the team captain will be contacted if a change in the length of the visit is deemed appropriate. The program personnel may be asked to assist in arranging for appropriate accommodations and ground transportation. When possible, travel arrangements of the team members will be coordinated. Late arrival to or early departure from the sponsor institution reduces the efficiency of the site visit and can adversely affect the site visit team's ability to evaluate the educational program completely and objectively.

2. During the Site Visit

a. Preliminary Team Meeting

Arrangements should be made for the site visitors to meet before the formal agenda. At this meeting the team should compare notes and decide how they will conduct the various interviews and discuss any other concerns.

b. Orientation

All program personnel and representatives of the administration are clearly informed about the purposes, function, and mechanics of the site visit and its relationship to the accreditation processes of ARC-AA and CAAHEP.

c. Collect & Interpret Data

The team members will collect, verify, and interpret all information likely to demonstrate how the program meets the *Standards* by:

1) Interviewing all key program personnel, support staff, students, graduates, and members of the advisory committee.

2) Reviewing and analyzing relevant documentation and reports, particularly resource assessment materials.

3) Inspecting pertinent facilities and resources.

d. Documentation

Team members will carefully document all findings in the Site Visit Report. Evidence will be provided to substantiate all Standards 'not met'. For all Standards cited as 'not met', reference is made to the applicable Standards(s).

e. Site Visit Report

The Site Visit Report is developed collaboratively before the exit summation conference. It will be reviewed for accuracy before its submission. Errors identified will be corrected. Consistency between the observation and impressions of the site vist team and their documentation is essential. The site visit report will complement and validate, not duplicate, the Self-Study Report submitted by the program.

The site visit team's report will address specifically any concerns. The report will be concise and will provide evidence, from objective sources, of the program's quality relative to the *Standards*.

In addition, the report will be free from personal philosophical iterations and from convoluted terminology. The report will be candid and analytical and give an accurate picture of the strengths and weaknesses of the program.

For problem areas, there will be description of the specific suggestions made in writing by the site visitors to help the program address the situation.

f. Consultation Conference with the Program Director

After the Site Visit Report is completed, site visit team members will meet with the program director to share the site visit team's conclusions and recommendations. It is important to determine whether any findings have been based on faulty interpretations or incomplete information. This is an ideal time for the site visit team to function as consultants, providing ideas and suggestions to help the program personnel address identified shortcomings.

g. Exit Summation Conference

The site visit team will provide the program with an objective oral review of the findings of the team. Team members will evaluate the degree of concurrence expressed by those present regarding the team's observations and determine the likelihood of correcting those Standards cited as 'not met'. The team should reiterate their function and review the sequence of events for the accreditation process, including the program's right to verify the facts in the report, the ability of the program to respond to the Site Visit Findings Letter and Report , and the reconsideration mechanism.

The site visit team does not indicate ARC-AA's accreditation recommendation and does not leave a copy of the Site Visit Report with the program.

3. After the Site Visit

a. Submit Site Visit Report to ARC-AA

The Site Visit Report must be submitted to ARC-AA within one (1) week of the completion of the site visit.

b. Send Findings Letter

The program will receive a formal written report from ARC-AA within four (4) weeks of the site visit. At this time, the program will be given the opportunity to respond to any inaccuracies of fact and to comment on the site visit team's interpretation of information gathered on site.

c. Destruction of Material

All reports and materials associated with the site visit are confidential and must be maintained as such.

Once there has been a final determination of the findings letter, the site team members and any other site visit participants who received materials from ARC-AA, will destroy all materials and communications related to that site visit, such as: all documents received prior to visit, any emails pertaining to the visit, the unofficial and official team reports, and notes taken during visit. Destruction of materials requires deleting all electronic files and shredding of any paper documents received.

F. Site Visitor Consultation Policy. Consultation by non-Director site visitors - either paid or unpaid - is not specifically prohibited by ARC-AA. The practice of consulting is at the sole discretion of the individual doing the consultation and is considered outside of the ARC-AA/CAAHEP accreditation process. Site visitors cannot visit the program as ARC-AA representatives of which they have consulted at any time. Consultation with programs that he or she has visited as a site visitor is also prohibited. Site visitors may not use their role as an ARC-AA/CAAHEP site visitor to promote themselves for financial gain.

G. Professionalism. All individuals associated with the ARC-AA, including board members, site visitors, consultants, and other representatives, will maintain the highest standard of professionalism and integrity and will conduct themselves in a manner that fosters respect for the integrity, expertise, and reliability of all.

H. Complaint Against a Site Visitor. A complaint or grievance of a site visitor's conduct during a site visit may be submitted by any student, faculty, or fellow site visitor.

All written grievances will be forwarded to the executive director and the chair, or their designee, of ARC-AA for review within ten (10) working days of receipt of the complaint and . The ARC-AA Board of Directors will not intervene on behalf of individuals or act as a court of appeal for individuals. It will intervene only when it believes that the practices or conditions indicate that the site visitor's conduct during the site visit may not have been in compliance with established ARC-AA Policies & Procedures.

1. To receive formal consideration, all complaints must be submitted in writing and signed. Submission of signed peer site visit evaluations will also be accepted, but must clearly request formal consideration to evaluate potential site visitor misconduct related to the CAAHEP *Standards and Guidelines* or established ARC-AA Policies & Procedures.

2. If the executive director or the chair determines the complaint does not relate to the established policies and procedures, the person initiating the grievance will be notified accordingly.

3. If the complaint does relate to the established policies and procedures, the executive director will acknowledge receipt of the complaint and share with the filing party a description of the process and policies that pertain to handling such complaints. If ARC-AA does not hear from the complainant within ten (10) working days, they will continue with this process:

    a. The executive director will forward the complaint to the ARC-AA Executive Committee. Attached to the complaint will be the program's findings letter, response (if received), and any other pertinent notes from the site visit.

    b. ARC-AA will notify the site visitor of the substance of the complaint and conducts a preliminary investigation of the alleged misconduct. ARC-AA files a report of the investigation findings within thirty (30) days of the site visitor's receipt of the letter of notice.

        1) During the course of the investigation, the site visitor will be suspended from any site visit activities. If the site visitor was scheduled for a site visit, arrangements will be made for a replacement.

        2) The Executive Committee may request further information or material relative to the complaint from the complaining party, the program sponsor, or other relevant sources.

    c. The identity of the complaining party will be kept confidential unless the complainant authorizes disclosure of their identity or unless such disclosure is required by legal process in a subsequent proceeding.

4. On receipt of the responses, the Executive Committee considers the complaint, and all relevant information obtained in the course of the investigation, and it formulates an appropriate action according to the following guidelines:

    a. If the complaint is determined to be unsubstantiated or unrelated to the established accreditation policies, the complaining party and site visitor will be so notified of the completion of the investigation.

    b. If the investigation reveals the site visitor is not in compliance with the established site visitor policies, the Executive Committee will forward its recommendation to the ARC-AA Board for inclusion on the next available ARC-AA board meeting agenda. Possible recommendations may include, but are not limited to:

1) issue of a warning of misconduct to the site visitor and required re-training regardless of previous date of training (multiple receipts of warning will result in removal from the ARC-AA approved Site Visitor roster);

2) demotion to team member (for team chairs only) and required re-training regardless of previous date of training;

3) suspension of the site visitor from the ARC-AA approved site visitor list for a period as determined by the ARC-AA Board of Directors.

5. Upon approval of the recommendation by the ARC-AA Board of Directors, the executive director will notify the complainant of the result of the investigation.

6. Should ARC-AA determine that the misconduct of the site visitor jeopardizes the review of the program, a second, abbreviated site visit may be held, at no additional charge to the program, at the program's request.

I. Confidentiality. ARC-AA requires that its procedures and the actions of its site visitors are consistent with the need to maintain confidentiality during the review process in accordance with ARC-AA and CAAHEP policies. All information made available to site visitors for and during their evaluation will be considered confidential. Disclosure of any information obtained during the accreditation process will be a breach of confidence. Team members are also privy to a number of opinions expressed by individuals during interviews; these too will be confidential. Site visitors will refrain from discussion of any aspect of a program sponsor, even positively, with anyone other than representatives of the program sponsor, or individuals involved in the accreditation process.

J. Site Visit Evaluation. Peer evaluation of team members will be completed after each site visit. Additionally, the program director and the senior officer of the program sponsor who participated in the site visit are each given the opportunity to evaluate the site visitors both as a team and as individuals.

Post-site visit questionnaires will be reviewed on an annual basis. Staff will mail a report regarding performance, to all site visitors who participated in a site visit during the previous year. Any site visitors receiving an unfavorable evaluation will be reviewed by ARC-AA.

K. Reasonable Expenses. Site visit team members are reimbursed for reasonable expenses incurred as a result of the site visit.

L. Focused Site Visits. A focused site visit is an evaluation of limited scope that examines specific aspects of a program relating to CAAHEP *Standards* and policies and occurs between comprehensive evaluations.

Focused visits are typically conducted by a team of two peer reviewers for two (2) days. While the specific areas of focus will depend on the reason for the visit, the team will evaluate specific developments and changes to the program or follow up on concerns identified through a previous evaluation process. The team is expected to provide ARC-AA with a report on such developments or concerns.

The reason for the site visit will determine the documentation the program is required to submit.

VI. OUTCOMES-BASED EVALUATION

A. Criteria. ARC-AA uses a number of criteria for outcomes measures, which include, but are not limited to, employer surveys, graduate surveys, positive placement, and the number of graduates passing the certification examination.

B. Reporting. Programs provide information on an annual basis using the electronic format designated by ARC-AA.

C. Established Thresholds. The following outcome thresholds that programs must meet/maintain for accreditation:

1. Graduate Surveys are administered six (6) to twelve (12) months post-graduation and have a 100% sent rate.

2. Employer Surveys are administered six (6) to twelve (12) months post-graduation and have a 100% sent rate.

3. Retention of 90% or greater of total enrollment, including attrition due to academic dismissal, clinical dismissal, or student withdrawal.

4. Positive Placement of 90% or greater. Positive Placement requires the graduate to be employed as an AA or continuing their education.

5. National credentialing exam success of 90% or greater.

D. Failure to Meet Established Thresholds.

Failure to meet the established thresholds may result in recommendations from ARC-AA and require an action plan to be developed by the program and submitted

to ARC-AA. The action plan provides documentation regarding how the deficiencies will be corrected. Non-compliance, inability to correct deficiencies in a timely manner, or serious deviation from the threshold in any particular measure may trigger an unscheduled comprehensive review, progress report, or a change in the program's accreditation status.

E. Transparency of Outcomes.

All programs must publish on their websites the 3-year review-window average outcomes for national credentialing examination(s) performance, job (positive) placement, and programmatic retention/attrition. Programs must publish the first-time pass rate and the cumulative pass rate for the national credentialing examination(s) performance. Programs may publish additional outcomes, such as graduate satisfaction and employer satisfaction.

At all times, the published results must be consistent with and verifiable by the Annual Report submitted to the ARC-AA.

Programs with less than 3 years of outcomes must publish the cumulative pass rate and must publish the first-time pass rate for the national credentialing examination(s) performance.

F. Graduate and Employer Surveys.

For each group of graduating students, programs are required to conduct surveys of those graduates and the employers of those graduates within six (6) to twelve (12) months after graduation using the ARC-AA required graduate survey and employer survey items. Programs may use the ARC-AA survey as presented or may convert the ARC-AA items into an electronic format. Programs may add items to a program-developed survey but cannot delete any ARC-AA required items.

VII. COMPLAINTS

A. Related to Accredited Programs.

ARC-AA follows CAAHEP Policy 602 Complaints Regarding Accredited Programs.

B. Related to ARC-AA.

ARC-AA follows CAAHEP Policy 603 Complaints Against CAAHEP or its Committees on Accreditation (CoAs).

C. Related to Management Services Company. Complaints about the ARC-AA management services company must be submitted in writing to the Chair and must be signed. Anonymous complaints will not be accepted. Complaints will be reviewed by the chair and legal counsel for further investigation, including a response from the management services company, culminating in action or disposition. If it is determined that further investigation is required and depending on the nature of the complaint, the results of the investigation and any recommendations for action shall be discussed with the Executive Committee.

D. Related to a Directors. Complaints about a director of ARC-AA must be submitted in writing to the executive director and must be signed. Anonymous complaints will not be accepted. Complaints will be reviewed by the Chair, or the Vice Chair if the Chair is the one it concerns, and legal counsel for further investigation, including a response from the director, culminating in action or disposition. If it is determined that further investigation is required and depending on the nature of the complaint, the results of the investigation and any recommendations for action shall be discussed with the Board of Directors.

E. Related to a Site Visitor. Refer to policy X.H. Complaint Against a Site Visitor.

VIII. PROGRAMS

A. Satellite Programs

Satellite programs are not defined nor endorsed as models for AA programs and AA education.

B. Substantive Change

Programs must immediately notify ARC-AA of any changes in its relationship with the school of medicine or the Department of Anesthesiology affiliations. Substantive changes may require submission of a Progress Report and or Self-Study Report or scheduling a return site visit.

ARC-AA may assess a fee if the substantive change results in a site visit.

C. Transfer of Sponsorship

ARC-AA follows CAAHEP Policy 207 Transfer of Sponsorship.

D. Program Director Appointment, Changes, and Qualifications.

Each anesthesiologist assistant program will have only one individual appointed and designated as the program director. The program director must meet the qualifications and fulfill the responsibilities stated in the *Standards*.

1. The program sponsor notifies ARC-AA in writing or via email of a vacancy or change in Program Director within fourteen (14) calendar days of the vacancy or change.

2. If a vacancy occurs, the program sponsor appoints an acting, interim, or permanent program director and notifies ARC-AA by completing the appropriate sections of the Personnel Change form and submitting it with the requested documentation within fourteen (14) calendar days of the vacancy.

    a. Acting
    A program may have an acting Program Director for no more than a total of six (6) months from the date of the vacancy. "Acting" is when the individual's qualifications do not meet the *Standards*.

    b. Interim
    A program may have an initial approval of an interim Program Director for up to twelve (12) months from the date of the vacancy. "Interim" is when an

individual's qualifications meet the Standards, but the individual has not been permanently appointed to the position.

c. If the interim program director continues due to a prolonged absence of the permanent person (i.e., illness, educational leave, other approved leave of absence), the program may request a subsequent approval for an additional twelve (12) months.

   No interim program director approval can be extended beyond 24 months.

3. The program sponsor provides documentation of the qualifications, the written position description for the program director, and documentation of sufficient non-teaching time to fulfill the responsibilities.

4. ARC-AA notifies the program in writing of the approval of the individual or a required Progress Report for submission of additional documentation as specified and that failure to meet the qualifications within the specified time will result in an adverse accreditation recommendation.

5. An individual who has been approved under previous CAAHEP *Standards* will continue to be approved for the duration of their appointment in that position with the same program as at the time of approval. This approval ceases if the individual is appointed at another program.

E. Medical Director Appointment, Changes, and Qualifications.

Each anesthesiologist assistant program will have only one individual appointed and designated as the medical director. The medical director must meet the qualifications and fulfill the responsibilities stated in the CAAHEP *Standards*.

1. The program sponsor notifies ARC-AA in writing or via email of a vacancy or change in Program Director within fourteen (14) calendar days of the vacancy or change.

2. If a vacancy occurs, the program sponsor appoints an Acting, Interim, or permanent medical director and notifies ARC-AA by completing the appropriate sections of the Personnel Change form and submitting it with the requested documentation within fourteen (14) calendar days of the vacancy.

   a. Acting
      A program may have an acting medical director for no more than a total of six (6) months from the date of the vacancy. "Acting" is when the individual's qualifications do not meet the *Standards*.

b. Interim
A program may have an initial approval of an interim medical director for up to twelve (12) months from the date of the vacancy. "Interim" is when an individual's qualifications meet the CAAHEP *Standards*, but the individual has not been permanently appointed to the position.

If the interim medical director continues due to a prolonged absence of the permanent person (i.e., illness, educational leave, other approved leave of absence), the program may request a subsequent approval for an additional twelve (12) months.

No interim medical director approval can be extended beyond 24 months.

3. The program sponsor provides documentation of the qualifications, the written position description for the medical director, and documentation of sufficient non-teaching time to fulfill the responsibilities.

4. ARC-AA notifies the program in writing of the approval of the individual or a required Progress Report for submission of additional documentation as specified and that failure to meet the qualifications within the specified time will result in an adverse accreditation recommendation.

5. An individual who has been approved under previous *Standards* will continue to be approved for the duration of their appointment in that position with the same program as at the time of approval. This approval ceases if the individual is appointed at another program.

F. Program Sponsorship.

Any decision adversely affecting the program sponsor's institutional accreditation or authorization under law or other authority to provide an anesthesiologist assistant program must be reported to CAAHEP and the within fourteen (14) calendar days of the receipt of such notice.

1. The program sponsor notifies ARC-AA in writing or by email of the new chief executive officer or dean (or equivalent position).

2. Notice of Adverse Decision

a. Upon receipt of the notice of a decision adversely affecting the institutional accreditation status and/or the authorization for an anesthesiologist assistant program, the chief executive officer submits a copy of the notice to ARC-AA.

b. ARC-AA at its next scheduled meeting reviews the decision and makes a determination if the institutional circumstances adversely affect the accreditation of the anesthesiologist assistant program.

   ARC-AA notifies the chief executive officer of its decision and any request for additional information within fourteen (14) calendar days after the meeting.

G. Program Retention of Student Records.

1. Outcome Data.

   Programs must maintain a file of raw data for outcomes for the most current 5-year window (consistent with the most recent accreditation comprehensive review). This includes:

   a. Graduate Surveys
   b. Employer Surveys
   c. Placement data
   d. National credentialing examination(s) statistics

2. Programs are required to maintain the following documentation for all students:

   a. Grading Policy
   b. Grading Scale
   c. National credentialing examination(s) performance pass score
   d. Official roster of students most recently assessed cohort in each of the cognitive domain areas
   e. Copy of blank exam(s) and/or other required assessments covering each objective in the cognitive domain areas.
   f. Grade book or transcripts covering all students in the covered cohorts, documenting satisfactory completion of each objective.

Electronic record keeping is encouraged.

IX. DATA USE

The Board of Directors of ARC-AA recognizes the value of data collected via the annual report, self-study, site visit report, and other official data sources and realizes the importance of making such data available to researchers. ARC-AA encourages the use of official accreditation related records and data for legitimate research purposes under the following conditions:

A. Access to ARC-AA data will be determined and approved by the executive director, chair of the board, and chair of an appointed ad-hoc data subcommittee for one of the following purposes:

   1. Research purposes for publication - to test a stated hypothesis or answer a specific research question. A request for authorization for use of ARC-AA data requires, at minimum, the submission of the following documents:

      a. ARC-AA Data Request Form (See Appendix A)
      b. Research Proposal Form (See Appendix B)
      c. Data Distribution Agreement (See Appendix C)
      d. Submission of ARC-AA Conflict of Interest Research Request Disclosure Form (See Appendix D2, and if applicable Appendix D3)
      e. Submission of Institutional Review Board (IRB) approval

   2. Research purposes not for publication - where data will be used for project investigation that is not intended to be published in a peer-reviewed journal or any other media. A request for authorization for use of ARC-AA data requires at minimum the submission of the following documents:

      a. ARC-AA Data Request Form (See Appendix A)
      b. Submission of ARC-AA Conflict of Interest Research Request Disclosure Form (See Appendix D2, and if applicable Appendix D3)

B. ARC-AA is responsible for ruling on the merit of the request for data. Approval for use of data will be based upon, but not limited to, the following criteria:

   1. The value and importance of the research to Anesthesiologist Assistant education
   2. The integrity of the hypothesis and the appropriateness of the proposed research methodology
   3. Assurance that the data can support testing of the hypothesis
   4. Financial considerations or burden placed on ARC-AA
   5. Qualifications to do the research
   6. Record of published research in refereed journals and prior research projects

C. Requests must include an official institutional human subject review approval prior to data release.

D. All expenses incurred by ARC-AA as a result of the project (e.g. personnel costs, use of copiers, telephones, etc.) shall be reimbursed at cost. In addition, a data usage fee will be determined by the executive director in consultation with the chair of the board, chair of the appointed ad-hoc data committee, and the Executive Committee. Additional fees may be assessed based on the complexity of data and as needed if future requests are made for additional information within the scope of the original project.

E. All data, surveys, and reports remain the property of ARC-AA.

F. ARC-AA reserves the right to review and comment on the final manuscript/report prior to publication.

G. If the data requested is to be used for publication of any additional manuscripts not proposed in the initial application, then the principal investigator must submit another application to ARC-AA requesting the use of that data for those additional manuscripts.

H. The following statement must be published in the manuscript.

> "The author wishes to thank ARC-AA for permission to use program records and for technical assistance. The analysis and opinions contained in the manuscript are those of the author(s). All compilations of data from the records made available were prepared by the author(s) who is/are solely responsible for the accuracy and completeness of the compilations**.** ARC-AA is not a party to, nor does it sponsor or endorse the conclusions or discussions in the manuscript."

X. FEES

Programs should refer to the ARC-AA website for the fee structure. All ARC-AA fees are non-refundable/non-transferable. Additional processing fees assessed will not be waived. The CAAHEP fee is in addition to ARC-AA fees.

A. Annual Fee

The annual fee is charged after the initial accreditation is awarded. A program receiving accreditation in:

1. January, March, or May is responsible for the payment of the total annual fee.

2. July, September, or November is responsible for payment of 50% of the annual fee.

Following the initial invoice for the annual fee, programs are invoiced in January.

B. Self-Study Report / Comprehensive Review Fee

The self-study report / comprehensive review fee is due and payable when the Self-Study Report is submitted to the ARC-AA. The Self-Study Report is reviewed after all fees have been paid.

C. Site Visit Fee

Programs are invoiced for the expenses incurred by the site visit for the comprehensive visit.

XI. CLINICAL EXPERIENCE REQUIREMENTS

Programs must have clinical resources sufficient for students to meet the clinical experience requirements, including minimum hours, cases, and procedures, for Anesthesiologist Assistant certification eligibility.

(Board Approved: April 11, 2026; Implementation date: October 1, 2026)

Appendix A:
ARC-AA Data Request Form

Type of Request (Please check one)

Research Proposal Request ☐ Non-Research Information

Request

Name of Requestor/Principal Investigator:

Affiliation/Institution:

Address:

City, State, Zip Code:

Contact Telephone #:

E-mail Address:

Date of Request:

What research question is intended to be answered by the data?

What specific data will be collected?

Explain the intended use of the data.

If a manuscript will be submitted for publication, indicate the intended journal.

(For ARC-AA Use Only)

☐ Approved ☐ Denied Explanation:

Executive Director: Date:

Chairperson, Ad-Hoc Data Subcommittee: Date:

Chairperson, ARC-AA Board: Date:

Appendix B:
Research Proposal Form

The following form is to be completed for all research proposals.

Please e-mail in a single, complete PDF file the ARC-AA Data Request Form, Research Proposal Form, and the Data Distribution Agreement to:

Jennifer Anderson Warwick, Executive Director
ARC-AA
jennifer@arc-aa.org

Research proposals must address all the sections listed below. Place the pages in the following order and number the pages consecutively, beginning with the title page.

1. Title of Study:

2. Investigator Information:

3. Research Abstract
   Objective:
   Methods:
   Discussion:
   References:

4. Consent:

A brief description of each section of research proposal abstract is included below.

Title: The title should be brief, specific, and clear while stimulating interest. The title should not contain abbreviations.

Investigator Information: List the full names of all investigators, degrees, and institutional affiliations. If a large research or investigative group is submitting the proposal, the use of a collective study group name is encouraged.

Abstract: The abstract must consist of the following four sections:

- ***Objective*** - Include a clear statement of the study purpose and/or the hypothesis. Any information, such as past work or controversy, that may add credibility to the need for the study should be included here.
- ***Methods*** - Include the following elements if relevant: study design, population, observations or key outcome measures, analytical methods, and any other relevant methodology.
- ***Discussion*** - Include a statement about how the study objective will enhance an understanding of the issue under investigation. Brief justification and interpretive statements should be included here.
- ***Literature Review*** - List citations in consecutive numerical order.

Appendix C:
Data Distribution Agreement – Statement of Intended Use of ARC-AA Data

Principal Investigator:

Organization/Institution:

Address:

City, State, Zip Code:

Telephone #:

E-mail Address of Principal Investigator:

Study Title:

It is agreed as follows:

- The principal investigator must provide evidence that the research project has been approved by an official Institutional Review Board prior to the release of any data by ARC-AA.
- ARC-AA data requested for this study is to be used solely for the above stated research project.
- This agreement applies solely to the research project stated above and described in Appendix B. Additional research projects based on the release of these data must be resubmitted to ARC-AA for review and approval.
- This agreement for use of ARC-AA data is nontransferable. Substantive changes made to the research project described above and/or the appointment of a new principal investigator will require the completion of a new "Data Distribution Agreement" form.
- ARC-AA data will not be used, either alone or in conjunction with any other information in any manner whatsoever to identify individuals or educational programs from which the data was obtained.
- Prompt publication of the results of the research project described above is encouraged. The principal investigator agrees to provide to ARC-AA a copy of any abstract or manuscript once it has been accepted for publication or presentation. The copy must be submitted to ARC-AA a minimum of forty-five (45) days prior to publication or presentation in order to permit review and comment by ARC-AA. In addition, it is understood that ARC-AA retains the right of rebuttal to the journal of record.
- Each manuscript/abstract will be reviewed by ARC-AA for consistency of data interpretation with previous publications.

- The principal investigator agrees to provide a copy of any and all published work resulting from the use of ARC-AA data to ARC-AA.
- The principal investigator agrees to acknowledge the contributions of ARC-AA in any and all presentations, disclosures, and publications resulting from the study described above.
- All survey instruments, survey items, and survey data remain the sole property of ARC-AA.

Signature of Principal Investigator: Date:

Appendix D1:
Conflicts of Interest Policy – Acknowledgment Form

I, _____, am a (Director) (Officer) (committee member) STRIKE THOSE NOT APPLICABLE of Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), Inc. ("ARC-AA") and do hereby acknowledge and affirm the following:

(1) I have received a copy of the Conflicts of Interest Policy;

(2) I have read and understand the Conflicts of Interest Policy;

(3) I have agreed to comply with the Conflicts of Interest Policy; and

(4) I understand ARC-AA is a non-profit organization and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

_____ _____
Signature Date

_____
Printed or Typed Name

Appendix D2:
Conflicts of Interest Policy – Research Request Disclosure Form

Research reviewed by ARC-AA must be accompanied by disclosure (for all researchers, their spouses, and their dependent children) of any Financial Interest in the research under review. Financial Interest means (i) anything of monetary value that could reasonably appear to be affected by the research, or (ii) anything of monetary value in entities whose interests could reasonably be affected by the research. Financial Interest includes, but is not limited to, (i) salary and other payments for services (e.g., consulting fees or honoraria); (ii) equity interests (e.g., stocks, stock options or other ownership interests); and (iii) intellectual property rights (e.g., patents, copyrights and royalties from such rights). Disclosure is required at the time of application to ARC-AA.

1. **Name:**
2. **Telephone Number & E-mail Address:**
3. **Role in Project:**
4. **Title of Project:**
5. **Principal Investigator:**
6. **Sponsor or Other Entity Providing Support:**

Declaration Regarding Financial Interest (Please check as appropriate)

- ☐ I hereby declare that I, my spouse, and my dependent children have **NO FINANCIAL INTEREST** in the research described in this application.
- ☐ I hereby declare that the ATTACHED DISCLOSURE OF FINANCIAL INTERESTS accurately represents any and all such interests currently held by myself, my spouse, and my dependent children in the research described in this application.
- ☐ I will promptly update this Declaration should the relevant Financial Interests of myself, my spouse, or my dependent children change during the conduct of this research, or within one year following the completion of this research.

Signature: Date:

Appendix D3:
Disclosure of Financial Interests

Name:

I, my spouse, or dependent children:

☐ Own stock or have stock options or other equity interests in the sponsor or product (*Do not include stock held in a mutual fund*.)

☐ Serve in a managerial position with the sponsor

☐ Act as a paid consultant for the sponsor

☐ Serve as member of an advisory or administrative board of the sponsor

☐ Receive payment(s) of any type from the sponsor or any other party (e.g., grants, consulting fees, salary, payments for board membership, honoraria, retainers, etc.)

a. If you do expect to receive payment from the sponsor, please indicate below what this payment is for, i.e., grants, consulting fees, salary, payments for board membership, honoraria, retainers, etc.

b. If you do receive payment from the sponsor, how much did you receive in the last twelve months?

c. How much do you expect to receive in the next 12 months?

☐ Have intellectual property rights, patents, trademarks, copyrights, royalties, or other financial or proprietary interests in the research

☐ Have any of the relationships noted above with a competitor of the sponsor

☐ Have equity interests, intellectual property rights, patents, copyrights, proprietary interests, financial interests, or commitments of any kind, in addition to what was disclosed above, which may be perceived as a conflict of interest, as affected by the result of this research.

Please describe any steps taken to minimize conflict or bias. Use additional sheets if needed. If no steps are being taken to manage the financial interests disclosed above, explain clearly why you think such steps are not needed. If a previously approved plan remains in effect, so indicate.

Signature:

Date: