



American Academy of Anesthesiologist Assistants | American Society of Anesthesiologists
In collaboration with Commission on Accreditation of Allied Health Education Programs

Policies and Procedures Manual

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a Committee on Accreditation of

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These are the governing Policies Procedures of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). Policies are presented in standard outline format. Operational Procedures that relate to a specific policy are presented in *italics* as indented paragraphs following the Policy.

I. AUTHORIZATION

- A. Identity. The Accreditation Review Committee for the Anesthesiologist Assistant (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 and the American Society of Anesthesiologists, which together provide accreditation services for education programs producing entry-level allied health practitioners.
- B. Structure, Organization, and Policy and Procedure Development. ARC-AA functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system and adheres to the CAAHEP policies and procedures. ARC-AA will assure its policies and procedures are consistent with the CAAHEP policies and procedures.

II. FUNCTIONS

- A. Program Review. The primary function of the ARC-AA is to assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant*.
- B. Educational Outcomes Assessment. The ARC-AA is also 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. The ARC-AA conducts periodic reviews of the CAAHEP *Standards and Guidelines* and revises them as necessary.
- D. Accreditation Process Evaluation. The ARC-AA develops policies and processes that comply with the standards established for national accrediting agencies and perform other functions pertinent to education program accreditation.

III. MEMBERSHIP

- A. Membership. The voting membership will consist of four (4) members from each of the sponsor organizations of the ARC-AA. The sponsor organizations will nominate, and the Committee will elect the voting membership
- B. Additional Sponsors
1. Additional organizations may be accepted as sponsors of the ARC-AA. Organizations petitioning for sponsorship must meet the following criteria:
 - a. demonstrate a significant relationship to the anesthesiologist assistant;
 - b. be national in scope;
 - c. accept the current ARC-AA Bylaws and CAAHEP *Standards and Guidelines*; and
 - d. agree to participate in the entire review process, including site visits.
 2. Organizations seeking to sponsor the ARC-AA must submit a request to the ARC-AA Executive Director. The request will be added to the next ARC-AA Board meeting that is a minimum of 30 days from receipt of the request.
 3. The ARC-AA will review and discuss the request. After the ARC-AA Board has reviewed and has approved the request, the request will be sent to all of the ARC-AA's sponsor organizations for endorsement.
 - a. A time limit will be invoked for endorsement by the sponsor organizations, provided each sponsor organization has at least 60 days, and no more than 120 days, to take action.
 - b. The ARC-AA may extend the time limit for sponsor organization action that is longer than 120 days, provided it is the same period for all sponsor organizations.
 4. Upon written endorsement by the sponsor organizations, the ARC-AA will convey the recommendation for a new sponsor organization member to CAAHEP for a vote by the full Commission. The new sponsor organization will become a sponsor effective with the next CAAHEP annual meeting.

The CAAHEP Commission meets annually in April. The ARC-AA should send the recommendation for the new member to the CAAHEP office at least 30 days in advance of the CAAHEP Annual Meeting.

IV. OFFICERS

- A. Officers. Officers of the ARC-AA will include the Chair, Vice-Chair and Treasurer.
- B. Executive Authority. The officers and immediate past chair will act as the Executive Committee.
- C. Alternation of Service. The two sponsor organizations will serve in alternating terms for the offices of Chair and Vice-Chair, respectively.
- D. Nominations. The Chair will appoint a Nominating Committee not to exceed three (3) members who are completing service on the ARC-AA. As needed, the Nominating Committee will be appointed at the meeting immediately preceding the one at which the election is to take place. The slate will be announced at least one (1) week in advance of the meeting in which the election will occur. Nominations may be made from the floor after the announcement of the slate.
- E. Selection Process. Officers are elected by a majority vote of the ARC-AA members during the annual meeting of each odd numbered year and will commence office on January 1 following their election.
- F. Attendance Policy. If a Board member anticipates being absent from a Board meeting, the individual will contact the Chair or Executive Director as to the reason. If the Board member has three (3) notified or un-notified absences in a row, the Board member will be deemed to have resigned and the position declared vacant.
- G. Vacancies. Vacancies of the Chair, Vice-Chair, and/or Treasurer will be filled at any regular meeting of the ARC-AA or at a special meeting called for that purpose by a majority vote of the members where a quorum is present. An officer elected to fill a vacancy will be elected for the unexpired term of the predecessor in office.

V. MEETINGS

- A. Annual Meeting. The ARC-AA will meet annually.

The annual meeting is held coincident to the ASA Annual Meeting.
- B. Quorum. A quorum for any meeting will consist of a simple majority of the members.
- C. Voting. Members may vote in three consecutive annual meetings. Reappointment of the sponsor organization is required to maintain voting status. Members filling unexpired terms will have full voting status for the duration of the original member's term.
- D. Electronic Meeting. The ARC-AA may conduct business through various electronic means as may be available to all members. Any such convening of the ARC-AA will require distribution of minutes by the chair suitable to record the discussions and actions taken.

The ARC-AA may employ telephone conference calls, web meetings, and email to facilitate any action that may be required between regular annual meetings. Such electronic meetings may be conducted as a deadline-driven, limited-issue email correspondence. A defined period for voting will be acknowledged by all members. Participation by a member in an electronic meeting is considered equivalent to physical presence.

- E. Order. Meetings will be conducted in observation of *Robert's Rules of Order*.

VI. CAAHEP COMMISSIONER

The Chair will appoint an ARC-AA Board member to serve as the CAAHEP Commissioner. The Commissioner will be sponsored by the ARC-AA to attend CAAHEP meetings and will provide the ARC-AA with a report of CAAHEP proceedings at the next ARC-AA meeting.

VII. SPOKESPERSONS FOR THE ARC-AA.

The Chair and the Executive Director are the official spokespersons for the organization.

VIII. ACCREDITATION REVIEW

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

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

- A. Program Documentation. The 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, request for clarification, etc., is not received within seven (7) days of the given due date, a program will be placed on administrative probation. If a specific due date is not given programs will respond within 30 days.

If requested information is not received in a timely manner or in the required format, when a program is undergoing 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 and Program Personnel Surveys. The ARC-AA will administer anonymous student and program personnel surveys during a program's comprehensive review process to collect information to assist the site visitors with validating information and formulating its questions.

1. Administer Survey

- a. Initial Accreditation: The ARC-AA Executive Director will send the survey link(s) to the Program Director upon receipt of the Initial-Accreditation Self Study Report (ISSR).
- 1) The email with the survey link will include the message to the students or program personnel. The program director will delete the message from the ARC-AA Executive Office to the program director. The program director will forward the remaining message.
 - 2) The Program Director will send the appropriate survey link to the students, if any are enrolled, and the program personnel immediately, or within an appropriate timeframe, that allows the surveys to be completed within 1 month prior to the anticipated site visit date.

- b. Continuing Accreditation: The ARC-AA Executive Director will send the survey links at the same time it sends the Continuing-Accreditation Self Study Report (CSSR) materials to the program director. The program director will receive the material at least six (6) months in advance of the self study report due date.
 - 1) The email with the survey link will include the message to the students or program personnel. The program director will delete the message from the ARC-AA Executive Office to the program director. The program director will forward the remaining message.
 - 2) The Program Director will send the appropriate survey link to the appropriate sample populations immediately, or within an appropriate timeframe that allows the surveys to be completed 2 months prior to the anticipated site visit date. The survey will close the same day the SSR is due.
2. Collect Data
 - a. The ARC-AA Executive Director will monitor survey response rate and update the program director as needed.
 - b. Two months prior to the site visit date, the ARC-AA Executive Director will determine if the minimum survey completion rate of 80% has been reached.
 - c. If less than 80% of each survey has not been completed, then the Program Director will be notified and urged to have improved compliance.
 3. Distribute Data
 - a. The ARC-AA Executive Director will collect, collate, and send the survey results to the site visit team at least one month prior to the site visit.
 - b. The survey results for students will be 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 segregated.
 - c. The survey results will be distributed to the program after the site visit report and the Findings Letter have been completed and distributed to the program officials.
 - d. Survey results will be provided to the program if the response rate is greater than 80%.
 - 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 will remain confidential at all times, as with all other data disclosed by the program during the site visit and accreditation process.
 - b. All survey participants will remain anonymous at all times during the survey process. No personal identifying information will be requested of the students at any time.

C. Core Elements of the Accreditation Process

1. Program Initiates Accreditation Process through the ARC-AA

Upon receipt of the Request for Accreditation Service (located on the CAAHEP website), via e-mail, ARC-AA provides instructions for the program's next steps.

Note: If Continuing Accreditation, the ARC-AA will notify the program in writing providing the self-study submission date.

2. Submission of Self-Study Report

A self-study report will not be considered complete nor accepted for review if any one of the following items are not met: Standard I Sponsorship, Standard III. Key Personnel (program director, medical director).

3. Review of Self-Study by ARC-AA and Executive Analysis Written

Executive Analysis is provided to the program.

4. Site Visit.

An on-site visit is required to be part of the evaluation process to determine compliance with the CAAHEP *Standards*. Site visitors represent both the ARC-AA and CAAHEP.

a. A narrative report of findings from the site visit will be provided to each program following a site visit. The Site Visit Report, in addition to stating the areas not meeting the CAAHEP *Standards*, will also include a listing of the program strengths and deficiencies or areas of non-compliance. Programs will be given an opportunity to respond to the report of findings.

b. The program's response to the report of findings will be 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 site visit findings letter including additional materials, if submitted.

b. Request additional materials as appropriate.

c. For programs seeking 1st Continuing Accreditation, the program will host a second on-site visit for one 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 located in CAAHEP policy. 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)

The ARC-AA monitors programs for effective compliance with published criteria through the use of interim and annual reports.

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

Interim Reports are based on the site visit findings and at a minimum will include:

- 1) Annual Report
- 2) Student and faculty survey results (administered by the program or ARC-AA, depending on year)
- 3) Advisory Committee Meeting – roster, minutes
- 4) Clinical Rotations – verifiable second year student, one month, rotations with primary subspecialties, while not limiting verifiable first year clinical sites in the process

- b. Annual Reports are submitted by programs holding Continuing Accreditation.

D. Accreditation Categories.

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

E. Length of Accreditation.

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

1. If the program is requesting initial accreditation, the 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 requesting continuing accreditation for the first time, the ARC-AA may recommend to CAAHEP 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 the 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.

- F. First Continuing Accreditation Cycle. Programs awarded Initial Accreditation participate in additional monitoring, which includes the:
1. ARC-AA conducting on the program's behalf the annual surveys with students and program personnel;
 2. Program submitting on an annual basis the verifiable second year student, one month, rotations in the primary subspecialties, while not limiting verifiable first year clinical sites; and
 3. ARC-AA conducting on the program's behalf the annual surveys with graduates and employers.

The ARC-AA will conduct 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 prior to being recommended for continuing accreditation.:

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

- A. When ARC-AA first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation, or Withdrawal of Accreditation, the Chief Executive Officer of the sponsor will be notified in writing of that ARC-AA action. The sponsor will have fourteen (14) calendar days after receipt of that written notice (sent certified mail, return receipt requested) to request reconsideration of that recommendation or to request voluntary withdrawal of its accreditation or application.
- B. The notification will include 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 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 its 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 the ARC-AA.
- E. The 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 as well as all new materials submitted by the Program.
- G. The 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 currently accredited programs, including the Standards cited, the rationale for each citation, and the suggested documentation to correct each citation.
- H. If the 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 the 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 of the Program.

X. SITE VISITORS

- A. Composition of Site Visit Team. A site visit team consists of three (3) members. The team will be comprised of either:

- two (2) anesthesiologist assistants
or
- 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 will include a physician anesthesiologist.

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

Trainees and/or observers may accompany the on-site evaluation team.

ARC-AA assigns a minimum of two (2) site visitors, and preferably three (3) site visitors, for each on-site evaluation. A single site visitor is acceptable only in unusual and extenuating circumstances and only with the approval of the ARC-AA Chair, the sponsor institution 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.
 - b. 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 of Directors.
 3. Physician Anesthesiologist
 - a. Actively involved in an Anesthesiologist Assistant education program.
 - 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 of Directors.

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 in working with programmatic or institutional accreditation.
- c. If retired and not currently working, has worked as an university dean or associate dean within the past five (5) years.

5. ARC-AA Staff Member

The staff member 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 in programmatic or institutional accreditation activities.
- b. Knowledgeable about education issues.

Qualified persons wishing to be selected as site visitors should forward a current curriculum vitae and request for appointment as a site visitor to the ARC-AA. The applications will be reviewed by the ARC-AA and the decisions will be made.

Upon acceptance by ARC-AA, site visitors will be granted observer status. Following completion of the training requirements observers will be appointed as active site visitors.

- C. Site Visitor Expectations. Active site visitor status is subject to review by ARC-AA and is based upon annual appointment recommendations by the ARC-AA. Re-appointment recommendations for site visitors will be based upon: (a) the number of site visits during the prior year(s); and (b) assessment of the quality of their performance on observed site visit.

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: voluntary resign, are inactive for a period of three 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 the three year period.
- 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 the 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 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. The ARC-AA and 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 prior to 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 will be clearly informed about the purposes, function, and mechanics of the on-site evaluation and its relationship to the accreditation processes of the 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 representation of advisory committees.
- 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 on the on site review report form. Evidence will be provided to substantiate all Standards 'not met' and/or 'partially met'. For all Standards cited as 'not met' or 'partially met' reference will be made to the number/letter designation of the applicable Standards(s).

e. Site Visit Report

An on-site review report should be developed in a collaborative manner prior to the exit summation conference. It will be reviewed for accuracy prior to its submission. Errors identified will be corrected. Consistency between the observation and impressions of the site 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 team's report will address specifically any concerns. The report will be concise but 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 completion of the Site Visit Report, team members will arrange to meet the Program Director to confirm the data and discuss the site visit team's conclusions and recommendations. It is important to determine whether any of the conclusions have been based on faulty interpretations or incomplete information. This is an ideal time for the 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 members will provide program personnel and administration officials with an objective oral review of the findings of the team. Those present during the summation conference will be documented. Team members will try to 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' or 'partially 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 inform the ARC-AA of improvements made prior to the close of the agenda, and the reconsideration mechanism.

The team will not indicate the ARC-AA's accreditation recommendation and will 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 Executive Office

The Site Visit Report must be submitted to the ARC-AA within two (2) weeks of the completion of the on-site evaluation.

b. Send Findings Letter

The program will receive a formal written report from the 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.

F. Professionalism. All individuals associated with ARC-AA education, including committee 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.

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

All written grievances will be forwarded to the Executive Director and the Chair of the ARC-AA for review within 10 working days of the completion of the site visit. 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 by the board 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 ARC-AA 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 10 working days, they will continue with AA does not hear from the complainant within 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 will conduct a preliminary investigation of the alleged misconduct. ARC-AA will file a report of the investigation findings within 30 days of the site visitor's receipt of the letter of notice.
 - 1) During the course of 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 institution or other relevant sources.
 - c. The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.
4. On receipt of the responses, the Executive Committee will consider the complaint and all relevant information obtained in the course of investigation and formulate 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 substantial 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 Agenda. Possible recommendation may include, but is 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 full 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.
- H. Confidentiality. The 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 sponsor institution, even positively, with anyone other than representatives of the sponsor institution, or individuals involved in the accreditation process.
- I. 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 sponsor institution who participated in the on-site evaluation 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 the ARC-AA.

- J. Reasonable Expenses.
- K. Initial Site Visits. The site visit for initial accreditation should occur at least 6 months prior to graduation of the program's first class.
- L. Focused Site Visits. Programs will be given 90 days' notice prior to arrival on site. The program will be given three (3) days to confirm the assigned site visit dates. If no confirmation is received from the program, it will be assumed that assigned dates are acceptable. Random site visits are determined based on the ARC-AA's review of the annual outcome reports and a programs' ability to meet the established thresholds. Selection may also be based on the date of the program's last site visit or any significant changes taking place within the program.

XI. OUTCOMES BASED EVALUATION

- A. Criteria. The ARC-AA will use a number of criteria for outcomes measures, which include, but is not limited to, employer surveys, graduate surveys, student surveys, and the number of graduates passing the certification examination.
- B. Reporting. Programs will provide information on an annual basis using the electronic format designated by the ARC-AA. Failure to do so within seven (7) days of the determined deadline may result in a program being placed on administrative probation.
- C. Established Thresholds. The following outcomes thresholds that programs must meet/maintain for accreditation:
1. Graduate Surveys are administered six (6) months to one (1) year post graduation and have a 50% or greater return rate.
 2. Employer Surveys are administered six (6) months to one (1) year post graduation and have a 50% or greater return 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. (NCCAA) Certification Success of 90% or greater.
- D. Failure to Meet Established Thresholds. Failure to meet the established thresholds will result in recommendations from the ARC-AA and require an action plan be developed by the program and submitted to the ARC-AA. The action plan should provide 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 results of the outcomes for: national credentialing examination(s) performance, job (positive) placement, and programmatic retention/attrition. The Programs must publish the first-time pass rate and the cumulative pass rate for the national credentialing examination(s) performance. The Programs may publish additional outcomes, such as graduate satisfaction, employer satisfaction, and programmatic summative measures.

At all times, the published results must be consistent with and verifiable by the online Annual Report of the program.

Each year in the Comments tab of the Annual Report, the program must state the website link where its results are published.

- 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 6-12 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.

As a value-added service to the CAAHEP accredited Anesthesiologist Assistant programs, the ARC-AA will administer the graduate and employer surveys on behalf of the program. The program is still required to analyze the results and to meet the threshold of 50% response rate. The ARC-AA will administer the surveys upon request by the program and submission of the required Excel template.

XII. COMPLAINTS REGARDING ARC-AA AND ACCREDITED PROGRAMS

The ARC-AA follows due process procedures when written and signed complaints are received by CAAHEP or the ARC-AA alleging: that they or an accredited program are not following established policies or CAAHEP *Standards*; they have concerns about the ARC-AA management services company, a board member, or a site visitor. CAAHEP and the ARC-AA maintain indefinitely a record of all complaints received.

To receive formal consideration, all complaints will be submitted in writing and signed. The complaint will demonstrate that reasonable efforts have been made to resolve the complaint, or alternatively that such efforts would be unavailing.

A. Related to Accreditation Standards

1. When received by CAAHEP, complaints are transmitted within five (5) working days to the chairperson and staff of the ARC-AA for consideration. When received by the chair or staff of the ARC-AA, a copy is forwarded to the CAAHEP office within five (5) working days.
2. Following consultation among staff of the ARC-AA and CAAHEP, the chairperson of the ARC-AA determines whether the complaint relates to the manner in which the program complies with the Standards or follows established accreditation policies.
 - a. If the complaint does not relate to the *Standards* or to established policies, the person initiating the complaint will be notified accordingly within 20 working days following receipt of the complaint by the ARC-AA. A copy of this correspondence will be shared with CAAHEP.
 - b. If the complaint does relate to the *Standards* or to established policies, the chair or representative of the ARC-AA will acknowledge receipt of the complaint within 20 working days and share with the filing party a description of the process and policies which pertain to handling such complaints.
 - 1) The Chair or representative of the ARC-AA will notify the program director and the chief executive officer of the sponsoring institution of the substance of the complaint and will request a preliminary investigation and report on the findings within 30 days of the sponsoring institution's receipt of the letter of notice.
 - 2) The Chair or representative of the ARC-AA may request further information or material relative to the complaint from the complaining party, the institution, or other relevant sources.
 - 3) The CAAHEP office should receive copies of this correspondence.
 - 4) The identity of the complaining party will be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.
3. On receipt of the responses referred to above, the ARC-AA will consider the complaint and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:

- a. If the complaint is determined to be unsubstantiated or unrelated to the *Standards* or established accreditation policies, the complaining party, officials of the program in question, and the appropriate official of the sponsoring institution, will be so notified within ten days of the completion of the investigation.
 - b. If the investigation reveals the program may not be or may not have been in substantial compliance with the *Standards* or may not have been following the established accreditation policies, one of two approaches will be taken.
 - 1) The program must submit a report and documentation within 30 days following the investigation demonstrating the manner in which the substantiated complaint has been corrected. Should the ARC-AA be satisfied with the response, the program, its sponsoring institution, and the party filing the complaint will be notified of the ARC-AA's satisfaction with the resolution of the matter and notice that the program's accreditation status remains unaffected by the complaint.
 - 2) Should the ARC-AA judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the *Standards* or adherence to accreditation policies, the ARC-AA may request and arrange for a return site visit of the program as soon as reasonably feasible, but not more than 30 days following the investigation. The purpose of the return site visit will be limited to an investigation of the complaint and the manner in which it affects compliance with the *Standards* or with accreditation policies. The cost of the return site visit will be borne by the said ARC-AA.
 - a) Should the ARC-AA, on evidence received through the return on-site evaluation, consider the program to remain in substantial compliance with the *Standards* and in adherence with accreditation policies, the program, its sponsoring institution, and the complaining party will be notified of this assessment and the fact that the program's current accreditation status remains unaffected by the complaint.
 - b) Should the ARC-AA consider the evidence of the site visit to indicate the complaint is valid and the program is not in substantial compliance with the *Standards* or with accreditation policies, ARC-AA will recommend a change in accreditation status to CAAHEP.
 4. Should the ARC-AA judge the program or sponsoring institution's response to the complaint inadequate and lacking in evidence of the program's continuing substantial compliance with the *Standards* or adherence to accreditation policies, all information regarding the complaint, a full report of its investigation, and the ARC-AA's recommendation will be transmitted to CAAHEP for consideration and action.
 5. CAAHEP and ARC-AA emphasize that they will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, promotion or dismissal. They will act only when it believes practices or conditions indicate the program may not be in substantial compliance with the *Standards* or with established accreditation policies.
- B. 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, results of the investigation and any recommendations for action shall be discussed with the Executive Committee.

- C. Related to Board Member(s). Complaints about a board member 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 board member(s), culminating in action or disposition. If it is determined that further investigation is required and depending on the nature of the complaint, results of the investigation and any recommendations for action shall be discussed with the Board of Directors.

- D. Related to Site Visitor(s). Refer to policy Complaint Against a Site Visitor.

XIII. MANAGEMENT SERVICES

- A. Management Agreement and Responsibilities. The ARC-AA operates under a signed agreement with a management services company to provide administrative services.
- B. Review of Management Contract. The management agreement will be signed only after all of the ARC-AA and the management company's representatives are in agreement with either extending the agreement or changes to the agreement, in accordance with the timetable stated in the contract. The Chair of the ARC-AA and the management company's representative are the only persons authorized to sign the agreement for each organization.
- C. Succession Plan. The Board of Directors will have an emergency succession plan to facilitate the transition to a temporary and a permanent succession of an unplanned absence.

1. Unplanned, Temporary Absence

- a. Notification.

The Executive Committee is authorized by the ARC-AA Board of Directors to implement the emergency plan when there is an unplanned, temporary absence of the Executive Director.

In the event of an unplanned absence, the ARC-AA Chair will be notified immediately by either the Executive Director or designee.

The Chair should be notified immediately. In the event the Chair cannot be reached within 24 hours after the event that precipitated the unplanned absence, the Vice-Chair of the ARC-AA should be notified. If neither the Chair nor Vice-Chair can be reached, the Secretary/Treasurer should be notified.

The ARC-AA is a committee of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). In the event of an unplanned absence, the Executive Director of CAAHEP should be notified immediately by either the Executive Director of her appointee.

- b. Communications Plan.

Immediately after identifying the individual(s) who will perform the duties of the Executive Director, the ARC-AA Chair (or designee) will notify the members of the ARC-AA Board; the executive offices of the sponsors of the ARC-AA; and, the program directors and deans of the CAAHEP-accredited Anesthesiologist Assistant programs, as well as the program directors of the developing Anesthesiologist Assistant programs. This communication will include the effective date of the absence, as well as the anticipated date when the Executive Director will resume her duties.

2. Unplanned, Permanent Absence

- a. Notification.

The Executive Committee is authorized by the ARC-AA Board of Directors to implement the emergency plan when there is an unplanned, permanent absence of the Executive Director.

In the event of an unplanned, permanent absence, the ARC-AA Chair will be notified immediately by either the Executive Director or designee. In the event the Chair cannot be reached within six hours after the event that precipitated the unplanned absence, the Vice-Chair of the ARC-AA should be notified.

The ARC-AA is a committee of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). In the event of an unplanned absence, the Executive Director of CAAHEP should be notified immediately by either the Executive Director of designee.

b. Communications Plan.

As soon as possible after identifying the individual(s) who will perform the duties of the Executive Director, the ARC-AA Chair (or designee) will notify the members of the ARC-AA Board; the executive offices of the sponsors of the ARC-AA; and, the program directors and deans of the CAAHEP-accredited Anesthesiologist Assistant programs, as well as the program directors of the developing Anesthesiologist Assistant programs.

c. Transition

The Executive Committee will function as the Transition and Search Committee. The Transition and Search Committee will develop a process for hiring a new executive director and present that plan to the Board of Directors within 30 days. The plan will include recommendations for (1) hiring an Interim executive director; (2) the timeline for recruiting a permanent executive director; (2) developing a posting that includes the job description for the executive director; (3) reviewing applicants for the permanent executive director; and (4) presenting the finalists to the Board of Directors.

The ARC-AA telephone and email will be redirected to the CAAHEP Executive Office as soon as possible.

D. Maintenance of ARC-AA Records and Files. The management services company of the ARC-AA will keep all records and files.

E. Record Retention. The following schedule is to be used for the retention of all ARC-AA files:

1. Administrative Retention Period

- a. Contracts and leases (expired)7 years
- b. Contracts and leases (still in effect)Permanently
- c. Correspondence (legal and important matters only).....7 years
- d. Expenses analyses and expense distribution schedules7 years
- e. Financial statements (end-of-year, other months optional).....Permanently
- f. Insurance policies (expired)Permanently
- g. Minutes of directors and committees, including bylaws and charter.....Permanently
- h. Trademark registrations.....Permanently
- i. Transcripts of disciplinary hearingsPermanently

2. Bookkeeping Retention Period

- a. Accounts payable ledgers and schedules.....7 years
- b. Accounts receivable ledgers and schedules7 years
- c. Audit reports of accountantsPermanently
- d. Bank reconciliations2 years
- e. Cash booksPermanently
- f. Charts of accountsPermanently
- g. Checks (cancelled, but see exception below)7 years
- h. Checks (cancelled for important payments, i.e., taxes, property purchases, special contracts, etc. These checks should be filed with papers pertaining to the underlying transaction).Permanently
- i. Duplicate deposit slips2 years

- j. General and private ledgers (and end-of-year trial balances) Permanently
 - k. Internal audit reports Permanently
 - l. Internal reports (miscellaneous) 3 years
 - m. Inventories of products, materials, and supplies 7 years
 - n. Invoices from vendors 7 years
 - o. Journals Permanently
 - p. Notes receivable ledgers and schedules 7 years
 - q. Payroll records and summaries, including payments to pensioners 7 years
 - r. Petty cash vouchers 3 years
 - s. Physical inventory tags 3 years
 - t. Purchase orders (except purchasing department copy) 2 years
 - u. Receiving sheets 2 years
 - v. Requisitions 2 years
 - w. Sales records 7 years
 - x. Stock and bond certificates (cancelled) 7 years
 - y. Subsidiary ledgers 7 years
 - z. Tax returns and worksheets, revenue agents' reports, and other documents relating to determination of income tax liability Permanently
 - aa. Time books 7 years
 - bb. Voucher registers and schedules 7 years
 - cc. Vouchers for payments to vendors, employees, etc. (includes allowances and reimbursement of employees, officers, etc. for travel and entertainment expenses) 7 years
3. Accreditation
- a. Application forms – accreditation (initial and continuing) Permanently
 - b. Self-study documents (keep current only) 5-10 years
 - c. Program's response to the findings letter (keep current only) 5-10 years
 - d. Invoices to programs 7 years
 - e. Program permanent files Permanently
 - f. Correspondence (routine) with programs and vendors 1 year
 - g. Correspondence (general) 5 years
 - h. Complaints Permanently
 - i. Probationary / Withdrawal actions Permanently

XIV. ETHICAL STANDARDS

- A. Conflict of Interest. Committee members of the ARC-AA will sign annually a "Conflict of Interest" form provided by the Executive Director in preparation for the Annual Meeting. Information so provided will be for the purpose of determining existence of any conflicts of interest relevant to ARC-AA deliberations and actions in the upcoming calendar year. Any change in affiliations during the interim will be reported by submission of an updated disclosure form.
- B. Identification of Conflicts of Interest. The Executive Director and ARC-AA Chair will review the Conflict of Interest form annually. A potential or real conflict of interest will be said to exist if one or more of the following situations are found to exist.
1. The member is directly or indirectly involved in an administrative, faculty or staff role in an AA education program scheduled for any CAAHEP accreditation action in the upcoming calendar year.
 2. The member has or is acting in any consultative capacity to an AA education program during the calendar year preceding any activity related to planned or anticipated accreditation action of that AA education program.

In the event that the Chair is identified to have a conflict of interest, the Vice Chair will assume the functions as the Acting Chair in matters related to the issue where the conflict of interest exists.

- C. Member Participation when a Conflict of Interest Exists. Following identification of a conflict of interest, the member will be granted limited continued participation at the discretion of the Executive Director with the consent of the remaining members.
1. The Executive Director will rule on any issue of participation by a member determined to have a real or potential conflict of interest. The Executive Director will consult with the CAAHEP Executive Director as desired or requested by a majority of the remaining committee members.
 2. The member will be granted limited opportunity to answer questions in situations where the Chair deems the member's understanding of an issue to be of some value. The ARC-AA will not be obligated to consider such questions and/or answers related to a subsequent vote.
 3. At no time will such limited participation include any vote relevant to the issue where conflict of interest exists. A member will have a mandatory excuse from any meeting during the period of voting in which a real or perceived conflict of interest could be implied.
- D. Confidentiality Policy. The ARC-AA members will hold in confidence all matters and information pertaining to ARC-AA, unless disclosure is authorized by the board. All members will sign a "Confidentiality Statement," which will be held in their file.

All information made available to reviewers will be considered confidential. Disclosure of any information obtained during the accreditation process will be a breach of confidence. Committee members are also privy to a number of opinions that will also be considered as confidential. In any other role a committee member may assume outside the ARC-AA, the member will refrain from discussing any aspect of an institution, or individuals involved in the accreditation process.

- E. Destruction of Material. All reports and materials associated with program site visits, reviews and board meetings are confidential and should be maintained as such.
1. Site Visitor Reports and Materials
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 the 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.
 2. Board Meeting Materials
Any materials pertaining to program accreditation actions, such as agendas, program reports, site visit reports, and review recommendations received prior to or during the board meeting will be destroyed immediately following the board meeting. Destruction of materials includes any electronic files and shredding of any paper documents.
- F. Standards of Ethical Conduct. All members and representatives of the ARC-AA, including officers, members, site visitors, and staff, will adhere to ethical standards of conduct.
1. There is never a situation or desired outcome when it is okay to be unethical.
 2. ARC-AA members acknowledge that a difference exists between right and wrong. In all matters of conduct and decisions of individual committee members, the only ethical choice is
 3. To do what is right. This may mean either that a new direction is sought based on new information or that no change should be made based on the continuing solidarity of older concepts.
 4. The culture prevailing in ARC-AA is one motivated by the continuous, uncompromising obligation to quality education of AA students so as to reasonably assure competent and safe care of patients by graduates. Decisions or conduct that detract from this effort or that are motivated by any lesser influence do not meet the historic standard for ethical conduct of an ARC-AA member.
- G. Compensation. ARC-AA recognizes the appropriateness of reimbursement for reasonable expenses incurred by ARC-AA volunteers in the course of their activities on behalf of ARC-AA. However, ARC-AA does not permit honoraria to be paid for any accreditation services rendered.
- H. Fiduciary Duty. An ARC-AA member will discharge his or her duties to the ARC-AA in a manner consistent with Wisconsin law. This will include, but not be limited to, the discharge of duties as a director in a manner he or she reasonably believes to be in the interests of the ARC-AA. A member of an ARC-AA subcommittee or other task force, who is not an ARC-AA member, will discharge his or her duties as a committee member in a manner he or she reasonably believes to be in the interests of the ARC-AA.
- I. Site Visitor Consultation Policy. Consultation by non-board member site visitors - either paid or unpaid - is not specifically prohibited by the 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 a ARC-AA/CAAHEP site visitor to promote themselves for financial gain.

- J. Anti-Fraud. The organization and its board, management, employees and volunteers must, at all times, comply with all ethical principles and policies of the organization and all laws and regulations governing the activities of the organization. The board accepts its responsibility to undertake all appropriate actions to prevent and detect fraud against the organization or that may be perpetrated by anyone associated with the organization.
- K. Whistleblower. It is the responsibility of all officers, commissioners, representatives/designees and employees to comply with high standards of business and personal ethics and to report violations or suspected violations of law, regulations and policies or any material accounting or auditing matter.

Anyone filing a complaint pursuant to the whistleblower policy must be acting in good faith and have reasonable grounds for believing the matter raised may constitute a violation of law, regulations, policies or a material accounting or auditing matter.

Concerns of violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Such concerns will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to inform the ARC-AA Treasurer of material accounting or auditing practices and to respond to any law enforcement or regulatory authority, as required by law.

XV. FINANCES

- A. Fiscal Year. The fiscal year will begin on January 1 of each year and end of December 31.
- B. Budget Review. The ARC-AA will annually review and approve a budget that is proposed by the Treasurer and the Executive Director at the annual meeting.
- C. Financial Review / Audit. A subcommittee will be appointed annually to review ARC-AA financial records each year prior to the annual meeting. An audit will be conducted a minimum of every five (5) years or otherwise determined by the Committee.
- D. Financial Reports. The ARC-AA financial reports will be provided monthly to the Treasurer by the management services company.
- E. Expenses/Reimbursement: Board Members, Subcommittee and Ad Hoc Members and Other Volunteers
 - 1. General expenses incurred as a result of ARC-AA business (travel, room, meals and miscellaneous) will be reimbursed according to established policies provided on the ARC-AA Expense Form. Reimbursement requests of expenses not specifically addressed on the Expense Form will be reviewed individually for reimbursement.
 - 2. ARC-AA Expense Forms are to be submitted within 14 days of the date of completed travel. Reimbursement will be made for submitted Expense Forms within 30 days of submission to the ARC-AA Office.
 - 3. Mileage allowance of business-related travel will be in accordance with the IRS allowable rate.
 - 4. The ARC-AA Expense Form will be regularly reviewed and updated as necessary to reflect customary business reimbursement expenses (type and amount).
 - 5. Upgrades of rooms and/or charges for additional persons will be paid by the attendee.
- F. Internal System for Cash Flow.
 - 1. The Executive Director of ARC-AA is the only individual that has access and uses QuickBooks accounting program for ARC-AA. It is password protected to enter the program. The Executive Director contracts and consults for services from an accounting company for assistance and guidance throughout the year to assure that proper accounting records are being utilized.
 - 2. The Treasurer will have online full access to the bank account.
 - 3. The Chair and the Vice Chair will have view only online access to the bank account.
 - 4. All payables and receivables will be reconciled by the 20th of each month for the previous month activity.
 - 5. All checks are provided directly to ARC-AA via mail. A copy of every check received for ARC-AA services will be made as backup prior to the deposit.
 - 6. All bills will be entered by the Executive Director.
 - 7. All reimbursement approvals will be made by the Executive Director. Staff reimbursement will be approved by the Executive Director. The Executive Director's expense reimbursements will be approved by ARC-AA's Treasurer.

8. The Treasurer will review and sign off on all monthly bank statements.
- G. Tax Form 990 Review. Members of the Board of Directors will review the prepared Tax Form 990 prior to submission to the IRS.
- H. Issuing Payments. ARC-AA payments/checks for any amount up to \$2,500 require one signature and amounts in excess of \$2,500.00 require two signatures. Authorized Signatories on ARC-AA's accounts will be the Executive Director and the Treasurer.
- I. Sponsorship Fees. The ARC-AA sponsor organizations will not pay an annual fee to ARC-AA.
- J. Automobile Reimbursement. Automobile reimbursement for personal car use while performing ARC-AA business will be according to the current Internal Revenue Service rate.
- K. Annual Program Fees. Effective with the 2016 annual fee, programs will be billed \$4500 annually.

Programs receiving initial accreditation in January, March, or May, will pay 100% of the annual fee. Programs receiving accreditation in July, September, or November will pay 50% of the annual fee. Following the initial invoice for the annual fee, programs are invoiced in January of each year for the annual fee.

- L. Request for Accreditation Fees. At the time a program submits either an Initial-Accreditation Self Study Report (ISSR) or a Continuing-Accreditation Self Study Report (CSSR), programs will pay \$3000.
- M. Site Visit Fees. The program seeking accreditation will pay for the expenses of three (3) site visitors.
- N. Transfer of Sponsorship Fee. The sponsor requesting transfer of sponsorship will pay a transfer of sponsorship fee equivalent to 50% of the application fee for accreditation. If after review of the request the Program requires a site visit, then the other 50% of the application fee will be assessed.

For example, if the fee for programs to submit with a self-study report is \$3000, then a program that requests a transfer of sponsorship will pay \$1500 with the transfer of sponsorship application. If after review of the application the Board deems a site visit necessary, then the program will pay an additional \$1500.

XVI. 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 the ARC-AA of any changes in its relationship with the school of medicine and/or with the Department of Anesthesiology affiliations; program status, sponsorship, sponsor administration personnel, program key personnel, increase in class size, decrease in clinical affiliates, and addition of distance education or satellite location needs. Substantive changes in Program status, sponsorship, administrative personnel or addition of distance education or satellite location may require immediate submission of a Progress Report and may require submission of a Self-Study Report and/or scheduling of a return site visit.

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

- C. Transfer of Sponsorship. The sponsor must inform the ARC-AA and CAAHEP of a change in sponsorship in accordance with established policy. If the program is scheduled for an initial or continuing accreditation site survey, the transfer of sponsorship process must be completed prior to a scheduled survey. A change of ownership must be reported to the ARC-AA for determination of whether it constitutes a change of sponsorship.
1. The chief executive officer or an official designee of the institution relinquishing sponsorship must provide the ARC-AA and CAAHEP with written notice of the intent to transfer sponsorship of the program.
 2. The ARC-AA will send the program an application for Transfer of Sponsorship.
 3. The chief executive officer or an official designee of the new sponsor will submit within 30 days of receipt of the application:
 - a. Completed application to the ARC-AA
 - b. Transfer of sponsorship application fee
 4. A completed Initial Accreditation Self-Study Report must be submitted along with the following exhibits to provide reasonable assurance that the current *Standards* will continue to be met as demonstrated in the self-study report and at the site survey if one is required.
 5. The ARC-AA reviews the documentation and makes a recommendation at its next scheduled meeting.
 6. After review of these materials for compliance with the *Standards*;
 - a. If the Transfer of Sponsorship Self-Study Report does not demonstrate substantial compliance with the *Standards*, the ARC-AA will forward to CAAHEP a recommendation for withholding accreditation.
 - b. If a Transfer of Sponsorship Self-Study Report demonstrates substantial compliance with the *Standards*, a recommendation for initial accreditation, with or without progress reports, will be forwarded to CAAHEP.

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 sponsor (institution) notifies the ARC-AA in writing or via email of a vacancy or change in program director within 14 calendar days of the vacancy or change.
2. If a vacancy occurs, the sponsor (institution) appoints an Acting, Interim, or permanent program director and notifies the ARC-AA by completing the appropriate sections of the Personnel Change form within 30 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 sponsor (institution) notifies the ARC-AA of a new program director (acting, interim, or permanent) by completing the appropriate sections of the Personnel Changes form, available on the website.
4. The sponsor (institution) provides documentation of the qualifications, the written position description for the program director, and documentation of sufficient non-teaching time to fulfill the responsibilities.
5. The 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.
6. An individual, who has been approved under previous *Standards*, will continue to be approved for the duration of his/her appointment in that position with the same institution as at the time of approval. This approval ceases if the individual is appointed at another institution.

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 *Standards*.

1. The sponsor (institution) notifies the ARC-AA in writing or via email of a vacancy or change in program director within 14 calendar days of the vacancy or change.
2. If a vacancy occurs, the sponsor (institution) appoints an Acting, Interim, or permanent medical director and notifies the ARC-AA by completing the appropriate sections of the Personnel Change form within 30 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 *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 sponsor (institution) notifies the ARC-AA of a new medical director (acting, interim, or permanent) by completing the appropriate sections of the Personnel Changes form, available on the website.
 4. The sponsor (institution) provides documentation of the qualifications, the written position description for the program director, and documentation of sufficient non-teaching time to fulfill the responsibilities.
 5. The 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.
 6. An individual, who has been approved under previous *Standards*, will continue to be approved for the duration of his/her appointment in that position with the same institution as at the time of approval. This approval ceases if the individual is appointed at another institution.
- F. Sponsorship. A sponsor (institution) change of ownership, chief executive officer, and dean (or equivalent position¹) must be reported to the ARC-AA within 14 calendar days of the effective date of the change.

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

1. The sponsor (institution) notifies the 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 the ARC-AA.
 - b. The 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.

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

¹ An equivalent position is that position to which the program director reports, if it is not the Dean.

G. Program Retention of Student Records.

1. Outcome Data. Programs are required to 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. NCCAA exam statistics
2. Programs are required to maintain the following documentation for all students:
 - a. Grading Policy
 - b. Grading Scale
 - c. 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.

XVII. DATA USE

The Board of Directors of the 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, Chairperson of the Board, and Chairperson 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 Statement (See Appendix D1)
 - 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 Statement (See Appendix D1)

- 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 the 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 Chairperson of the Board, Chairperson 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 the 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 the 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."

**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
N84 W33137 Becker Lane
Oconomowoc WI 53066

Research proposals must address all of 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.
- The 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.
- The 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:
ARC-AA Conflict of Interest**

Research reviewed by the 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 the 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 D2:
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: