



Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Global Changes	
<ul style="list-style-type: none"> • Inclusive of Joint NP/PA programs and the PA profession • The term “interprofessional team” was changed to interdisciplinary team • Overall name change to the Consortium for Advanced Practice Providers 	
Standard 1	
Overall Changes	<ul style="list-style-type: none"> • Simplified language where necessary. • No major content changes to Standard 1.
Added Language	
Removed Language	
Standard 2	
Standard 2—Introduction	
Overall Changes	<ul style="list-style-type: none"> • The new single paragraph streamlines the curriculum expectations for postgraduate training programs applying for accreditation. • Key sentence: Methods to build mastery are grounded in care for challenging patients within highly complex systems, advanced clinical knowledge, skill assimilation, critical thinking, and structured feedback from senior clinicians, and reflective learning.
Added Language	
Removed Language	Paired down and removed a lengthy portion of the intro (two paragraphs) to just one paragraph.
Standard 2— Program Curriculum and Structure Core Elements	
Overall Changes	
Added Language	<ul style="list-style-type: none"> • Technology • Equity and Social Justice • Social Determinants of Health (SDOH) • Certificate of Completion
Removed Language	
Standard 2— Postgraduate NP, PA, And NP/PA Training Program Competency Domains	
Overall Changes	
Added Language	<ul style="list-style-type: none"> • Indicate the importance of postgraduate trainees providing culturally sensitive care. • Demonstrate utilization of technology, inclusive of new modalities. • Bring awareness of and the incorporation into the practice of promoting health equity, diversity, equity and inclusion, and ending systemic racism. • Programs and trainees to demonstrate competency in the use of virtual, telehealth, and evolving technologies appropriate to the specialty and the setting.
Removed Language	

(Continued on next page) Page 1; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 2 (continued)

Standard 2—Sub-Competency by Domain

Overall Changes	
Added Language	
1. Patient Care	<ul style="list-style-type: none"> • Postgraduate trainees to demonstrate competency in the use of virtual, telehealth, and evolving technologies appropriate to the specialty and the setting. • Encourage the use of evidence-based tools in clinical practice for a safe and accurate plan of care for each patient. • Postgraduate trainees to perform as a member and leaders as appropriate of the interdisciplinary team.
2. Knowledge for Practice	<ul style="list-style-type: none"> • Understanding and awareness of the host organization’s use of AI and Predictive Analytics. • Demonstrate awareness of implicit bias, impact of SDOH, systemic racism, and understanding the importance of a diverse team reflecting the population served. • Program and trainee response to known and emerging health problems, including climate change, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and population.
3. Practice-Based Learning and Improvement	<ul style="list-style-type: none"> • Postgraduate trainees to provide culturally and linguistically competent, responsive health education to patients and families.
4. Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Facilitate communication that is compassionate, honest, culturally sensitive and developmentally appropriate, and demonstrate sensitivity to issues of health equity and diversity.
5. Professionalism	<ul style="list-style-type: none"> • Address the need for sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in ...“physical and mental abilities, gender, gender identity, and sexual orientation”. • Consistently demonstrates adherence to institutional policies. • Understanding of the issues of diversity, equity and implicit bias in healthcare.
6. System-Based Practice	<ul style="list-style-type: none"> • Use clinical and population health data to drive quality improvement in patient care and clinical outcomes. • Demonstrates knowledge of the system’s approach to risk management, error identification and problem resolution.
7. Interdisciplinary Collaboration	<ul style="list-style-type: none"> • Appropriately assess and address the healthcare needs of the patients and populations served both virtually and in-person. • Demonstrate understanding of the interdisciplinary roles and responsibilities unique to the system in which the training program is housed.
8. Personal and Professional Development	<ul style="list-style-type: none"> • Use available resources and self-reflection to assess and enhance awareness of disparities in healthcare, implicit bias, and personal limitations. • Demonstrate cultural humility. • Practice giving and receiving feedback from peers. • Identify and/or recognizes the need for changes in organizational process or patient care to improve patient care outcomes. This could be demonstrated through dissemination of knowledge after successful leadership and implementation of a quality improvement or evidence-based project.
9. Technology and Telehealth	<ul style="list-style-type: none"> • Embrace and learn new technology, inclusive of new modalities, such as expanded telehealth, remote monitoring, and/or virtual care.
10 Diversity, Equity, and Inclusion	<ul style="list-style-type: none"> • Demonstrate the awareness of and the incorporation into practice of promoting health equity, diversity, equity and inclusion, and ending systemic racism.
Removed Language	

(Continued on next page) Page 2; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 3

Standard 3—Introduction

Overall Changes	Minor changes in word choice that point to establishing a rigorous and high quality educational program, and the need for ongoing program development that fosters continuous design improvements . It also calls out to the need for consistency in the evaluation program and assessment tools , which is critical to obtain valuable data to prompt potential programmatic changes.
Added Language	
Removed Language	

Standard 3—Postgraduate Trainee

Overall Changes	
Added Language	
Program Evaluation Minimum Requirements (Additions)	<ul style="list-style-type: none"> • At the beginning of the program, and no less than again at the end of the program. • Program Director evaluation of core postgraduate training faculty, preceptors, and Clinical Director (if not one in the same). • Reflective journals or other self-reflective tools (examples may include debriefing, focus group, Schwartz Rounds).
The Postgraduate Trainee Must Assemble a Portfolio	Elements of a portfolio may include but are not limited to documentation of clinical activity (patient mix, procedures, and visits/encounters, specialty rotations), self-assessments, special projects, chart audits, poster presentations.
Organizational Evaluation	<ul style="list-style-type: none"> • Callout specifically to the Program Director role in the development of the budget and ongoing monitoring and reporting as appropriate. The Program Director must be able to identify the cost and revenue centers where their program is reflected within the overall organizational budget. • Programs are now required to have a Residency/Fellowship Advisory Committee. The committee's role is to serve the program in providing input and guidance regarding individual components and direction of the program by reviewing programmatic curricula, evaluations, etc., and based on that review provide guidance on how to adjust and evolve the program. The Committee should meet at least semi-annually and maintain an agenda and meeting minutes.
Clinical Faculty Evaluation	<ul style="list-style-type: none"> • The Program must have a clear plan in place for faculty development, including a method for continual improvement of the system to improve faculty skills and knowledge for clinical teaching.
Ongoing Program Self-Assessment	<p>Programmatic assessment and corresponding outcome measures:</p> <ul style="list-style-type: none"> • Regarding Alumni satisfaction, added language that this should be collected, at a minimum at program completion and 12-18 months later.
Removed Language	
Ongoing Program Self-Assessment	<ul style="list-style-type: none"> • Removed language requiring employer satisfaction (if possible), and program staff turnover.

Standard 4

Standard 4—Introduction

Overall Changes	Streamlined language. Defined Postgraduate NP and Joint NP/PA training programs as formal training programs that have a rigorous highly structured clinical and didactic curriculum.
Added Language	<ul style="list-style-type: none"> • Added language that programs applying for accreditation should be full-time, and a minimum of twelve months in length within an accredited healthcare delivery system. • Added language that an organization's application for accreditation with the CAPP should clearly state if their postgraduate training program extends beyond twelve months in length.
Removed Language	

(Continued on next page) Page 3; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 4 (continued)

Standard 4—Eligibility Criteria

Overall Changes	
Added Language	<ul style="list-style-type: none"> The sponsoring organization must operate Postgraduate NP or Joint NP/PA postgraduate training programs in settings that may include but are not limited to: <ul style="list-style-type: none"> Private or public integrated health systems Hospitals Academic health centers/medical centers, both public and private Academic Institutions Behavioral Health Organizations PA education and certification requirements. PA educational program requirement to be accredited by professionally recognized organizations such as ARC-PA. To have NP and PA postgraduate trainees hold board certification and be licensed or licensed eligible as an advanced practice registered nurse or physician assistant in the state in which the program is located.
Removed Language	

Standard 5

Standard 5—Introduction

Overall Changes	Streamlined language around the alignment of the mission, vision, values and initiatives of the sponsoring organization. Added language to address the need for specific program policies that reflect the mission and vision . Defined the organizational chart, and the need to have roles and responsibilities clearly outlined . The sponsoring organization will now clearly demonstrate that sufficient resources are provided to support and sustain the program.
Added Language	
Removed Language	

Standard 5—Organizational Sponsorship

Overall Changes	
Added Language	<ul style="list-style-type: none"> The sponsoring organization must demonstrate that it has sufficient resources to sustain the program and meet the required core elements of the postgraduate training program as outlined by the CAPP. Where formal academic partnerships exists, formal agreements or MOU must be in place to recognize the fiscal/academic responsibilities of all parties as well as the term of the agreement.
Removed Language	

Standard 5—Organizational Responsibilities and Resources

Overall Changes	
Added Language	<ul style="list-style-type: none"> Sufficient provision of administrative and clinical faculty time for training, administrative and teaching requirements. This includes the same training that all regular employees would receive during their orientation. A standardized evaluation rubric for the program recruitment process and selection of candidates for interviews. Included language to address the need for either a formal written agreement in the form of a contract, or an offer letter to all postgraduate trainees that details the conditions of participation in the program. Provides evidence of conducting regional compensation benchmarking in order to assure that the postgraduate trainee compensation is competitive with other programs. Organizational leadership must demonstrate allocation of human and facility resources and funding to support the program. Wherever possible, a specific line item budget to support the program should accompany the accreditation self-study guide. There should be adequate support for Human Resources, which could include recruitment, onboarding, orientation and performance improvement. Postgraduate trainees must be provided with the appropriate number and variety of patient populations in their clinical rotations, as well as adequate provision of technology support.
Removed Language	

(Continued on next page) Page 4; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 6

Standard 6—Introduction

Overall Changes	<p><i>*key word changes in bold</i></p> <ul style="list-style-type: none"> The program must demonstrate that its operation is in alignment and appropriately uses the established policies and procedures of the sponsoring organization. The program operations must demonstrate clear guidelines and consistency with their implementation. Organizational policies and procedures as well as program standards will be reviewed during the postgraduate trainee's orientation and continue to be available to both staff and postgraduate trainees throughout the program.
Added Language	<ul style="list-style-type: none"> Once an applicant accepts an offer for a position within the program, the sponsoring organization will issue a formal employment agreement either via employment contract or formal offer letter. The need for postgraduate trainee access at all times, when engaged in program activities, to program staff and/or supervising providers either in-person or virtually. Clarified language around the requirement for preceptors in the outpatient setting who are precepting more than one (1) postgraduate trainee at a time to be fully available for precepting, and not scheduled with their own patient care responsibilities during the precepted session. Regarding grievance policies, the policy and procedures must be clearly articulated, defined, published, and readily available to postgraduate trainees and Program staff: <ul style="list-style-type: none"> This must include a clearly written plan for postgraduate trainee improvement and remediation, in collaboration with the program director and the postgraduate trainee. Processes for internally managing trainee complaints and grievances related to the work environment, the overall program, or program faculty. Trainee processes for filing a complaint concerning the program by the trainee with the Consortium The program is required to keep documentation of any disciplinary action plan and postgraduate trainee successful remediation of action plan.
Removed Language	

Standard 7

Standard 7—Introduction

Overall Changes	<ul style="list-style-type: none"> The introduction now clearly communicates the requirement to provide program leadership, faculty, and staff in identified roles that facilitate the operation, management, and overall program support to meet the Consortium's standards. The introduction now identifies that the program director and clinical director positions may be combined as appropriate.
Added Language	<ul style="list-style-type: none"> If combined, the individual must be an NP if the program is NP only, must be a PA if the program is PA only, or may be either an NP or PA in a Joint NP/PA training program. If the required staff are not direct employees of the sponsoring organization, there must be a formal contract, or MOU, outlining their responsibilities and relationship.
Removed Language	

Standard 7—Program Staff

Overall Changes	<ul style="list-style-type: none"> The Program must have the appropriate leadership and oversight from the administrative, programmatic and clinical perspective. Depending on the size of the program, these functions may be integrated into a single position or multiple positions. If the positions are combined, it must be held by an NP for NP only programs, or a NP or PA for joint NP/PA programs. If separate positions exist for the program director and clinical director, one of the positions must be an NP or PA. The program must also have the organizational support staff sufficient in time and resources to fulfill all Program components.
------------------------	--

(Continued on next page) Page 5; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 7 (continued)	
Standard 7—Program Staff (continued)	
Added Language	<ul style="list-style-type: none"> • Added responsibilities for the Program Director, including: <ul style="list-style-type: none"> — The design, implementation, and oversight of core program components. — Managing the recruitment and selection process of the postgraduate trainees. — Administering and coordinating all clinical practice, didactics, academic partnership, Residency Advisory Council, any federal funding or funding from other sources, and other organizational activities of the Program.
Removed Language	
Standard 7—Program Leadership	
Overall Changes	
Added Language	<ul style="list-style-type: none"> • The person designated as the clinical director must <ul style="list-style-type: none"> — Demonstrates knowledge and responsibility for the program in relation to the understanding and management of: <ul style="list-style-type: none"> • Retention efforts with current postgraduate trainees after graduation as well as ongoing data related to tracking data regarding postgraduate trainee employment outside of sponsoring institution. • Ongoing collaboration with internal and external stakeholders.
Removed Language	<ul style="list-style-type: none"> • Removed superfluous language in chief clinical director section, which was combined under the general Program Leadership section.
Standard 7—Clinical Program Faculty	
Overall Changes	
Added Language	Streamlined requirements of clinical program faculty assigned to provide performance evaluations that assess the postgraduate trainee’s progress in achieving expected competencies, which include timely feedback through established processes. Clinical Program Faculty will be provided professional development and support for the acquisition of teaching/clinical skills necessary as a program faculty member.
Removed Language	<ul style="list-style-type: none"> • Removed several repetitive sub competencies from this section, which were unnecessary after the given edits above addressed the needs of this section.
Standard 8	
Standard 8—Introduction	
Overall Changes	
Added Language	<ul style="list-style-type: none"> • Promoting wellness for trainees and faculty is a critical tool for reducing compassion fatigue, promoting individual well-being, job satisfaction, retention, and delivering high-quality patient care. <ul style="list-style-type: none"> — Compassion fatigue is the physical and mental exhaustion and potential resultant emotional withdrawal that occurs when healthcare professionals care for critically ill or traumatized individuals over an extended period. — Burnout is caused by an accumulation of everyday stresses, can lead to depersonalization, and reduced empathy. — Both compassion fatigue and burnout can lead to risks in overall individual wellness and may impact patient care outcomes. — Resilience is “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands” (1). Resilience is built by individuals and is not an innate personality characteristic.
Removed Language	

(Continued on next page) Page 6; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 8 (continued)

Standard 8—Postgraduate Trainee Benefits

Overall Changes	
Added Language	<ul style="list-style-type: none"> • Postgraduate trainees should be afforded the same or similar employee benefits as other licensed independent providers within the same discipline of the employing organization. Employers may take into account their role as a postgraduate trainee, such as continuing education benefit. • Employing or sponsoring organizations must specifically state guidelines for professional development, continuing education, and reimbursement for professional fees. • NP or PA compensation should undergo the same type of market analysis that other employee positions receive, and this may include but is not limited to comparison to national standards for NP/PA postgraduate training programs and the local/geographic area.
Removed Language	Removed prior repetitive sub-standard requirements regarding compensation and benefits, and streamlined to other sub-standards within the section where appropriate.

Standard 8—Postgraduate Trainee Health

Overall Changes	
Added Language	
Removed Language	Removed unnecessary and repetitive language from the requirement by streamlining standard to clearly state the basic need to adhere to health screening and immunization records in accordance with other health employees and those required by the sponsoring organizational policy. Records are to be kept confidential.

Standard 8—Postgraduate Trainee Work Environment

Overall Changes	
Added Language	Each postgraduate trainee must be provided the necessary workstation space and equipment, necessary to meet the program objectives and consistent with other clinical staff members, including adjustment for the virtual environment as appropriate to the curriculum.
Removed Language	

Standard 8—Wellness Promotion

Overall Changes	Completely new standard sub section, listed below.
Added Language	<ul style="list-style-type: none"> • The Program must have a documented strategy to promote wellness for the postgraduate trainee. <ol style="list-style-type: none"> a. The Postgraduate Training Program must have access to organizational support services (i.e. HR, EAP), or provide wellness programs that encourage postgraduate trainee/faculty personal recognition of symptoms of stress and fatigue and provides ongoing training opportunities that foster necessary coping strategies in order to support successful completion of the training program. b. The program assists trainees and faculty with both understanding and building the tools necessary to accept, and foster their unique roles in managing factors contributing to compassion fatigue and burnout. (I.e. time management during and after clinical assignments, performance issues, and recognition of impairment in a colleague or themselves.) c. The Program Director is accountable for monitoring the need for postgraduate trainee support when system-related issues or patient care activities are unusually challenging. d. The Program must have a clear and confidential communication plan for trainees, program staff, and other sources to report compassion fatigue, burnout, or related performance concerns for trainees or faculty to the Program Director. e. The Program must ensure that trainees and faculty are aware of and can successfully access resources for support during difficult situations. Wellness program resources might include and employ sponsored wellness program, small group support sessions, online training programs on related topics (e.g., compassion fatigue, time management, clinical documentation efficiency), reflective journaling, coaching, and individual support or counseling. f. The Program Director assesses trainees' emotional well-being during formal and ongoing informal meetings, including reviewing reflective journaling completed by residents/fellows. The Program Director personally discusses known situations of concern with trainees.

(Continued on next page) Page 7; Updated 03/03/23.

Consortium for Advanced Practice Providers Program Accreditation Standards

Summary of Major Changes between the 2019–2023 Edition

Standard 8 (continued)

Standard 8—Postgraduate Trainee Work Environment (continued)

Added Language	<p>g. The Program Director is responsible for investigating reports of concerns about potentially stressed or substance impaired trainees/faculty. This includes problems brought forth by trainees, faculty, staff, and other sources. The Program Director apprises the faculty of the postgraduate trainee situation to ensure the implementation of a comprehensive and thoughtful mitigation plan. This step may require the involvement of human resources staff.</p> <p>h. Evaluation of the effectiveness of the Program’s wellness promotion efforts should be included as a component of the overall program evaluation. The Program may consider using evidence-based tools such as the Maslach Burnout Inventory, Young Impostor Syndrome Scale, Neff’s Self-Compassion Scale, or the Moral Injury Symptom Scale for Healthcare Professionals. In addition, the program director and faculty should encourage ongoing real-time informal feedback from the trainees regarding the postgraduate trainee’s perception of the wellness program. This will assist in identifying both strengths and weaknesses of the program as well as opportunities for improvement and further program development.</p>
Removed Language	