CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

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Consortium for

Advanced Practice Providers

Program Accreditation Standards

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Consortium for Advanced Practice Providers
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PREFACE

The Nurse Practitioner (NP) profession, established more than 50 years ago, is based on a model of graduate level (MSN or DNP) education and training provided by an accredited NP Program in an academic institution. The challenge faced by new NPs as they transition from their excellent academic education and training to today's health care environment, characterized by complexity at both the patient level and the system level, is that this entry-level preparation may be insufficient in at least two ways. First, the preparation may be insufficient for the new NP to transition with confidence and competence into highly independent roles caring for complex patients. Second, the preparation may be insufficient for the new NP to develop the mastery of practice that lays the groundwork for sustained professional satisfaction and growth as an expert clinician and evolving leader in healthcare. Similarly, the PA profession has recognized that many roles and settings for PAs may warrant a residency or fellowship training program.

The past decade has seen the development of innovative programs designed to respond to this challenge in the form of postgraduate training opportunities for NPs and PAs. These programs, known both as residency and fellowship based on the preference of the program leaders and creators, originated in the safety net setting with the early programs for primary care NPs and PAs based in federally qualified health centers. Since that time, postgraduate training programs for new NPs and PAs in primary care have been launched in multiple settings including FQHCs, Nurse Managed Health Centers, private hospital/health systems, Veterans Affairs (VA), and academic medical centers. In addition, postgraduate specialty training programs, almost exclusively referred to as fellowships, have developed and are growing rapidly. The national development of such programs has been characterized by a high level of collaboration and communication among many NP and PA leaders across the country, representing many different sectors, and supported by the recommendation of the Institute of Medicine Future of Nursing 2010 Report. In addition, the development of standards and formal accreditation was an early goal, achieved in 2015 when the Consortium released both standards and an accreditation process and accredited the first program. The Consortium for Advanced Practice Providers grew out of an informal network of new and maturing postgraduate NP training programs. It was officially incorporated in 2015. The purpose of the Consortium organization has evolved to increase the availability, efficacy and quality of healthcare by developing and refining an education and training model for postgraduate residency and training programs for Nurse Practitioners and Physician Assistants/Associates and to establish, implement, and monitor standards for postgraduate training programs. In 2022, as part of a thorough review of Accreditation Standards, the organization also created a new name to reflect its expanded focus on both NPs and PAs, The Consortium for Advanced Practice Providers. The Consortium functions as an accrediting agency with the principal purpose of accrediting postgraduate training programs for NPs and PAs. This accreditation process was designed by experts in the field of postgraduate NP, PA, and Joint NP/PA training to provide postgraduate training programs with standards by which to develop and assess their program structure and content as well as a method for programs and external stakeholders to validate the quality and rigor of the postgraduate training program.

INTRODUCTION

The Consortium for Advanced Practice Providers is responsible for the development, definition, and maintenance of standards for postgraduate NPs, PA, or Joint NP/PA training programs. Accreditation is a voluntary process that is engaged in by organizations that sponsor a formal postgraduate training program for NPs, PAs, or Joint NP/PAs. The process of accreditation provides organizations and programs with a number of benefits through formal recognition. Accreditation provides programs with the opportunity to demonstrate their compliance with standards and validate the quality of the program to external stakeholders and prospective postgraduate trainees.

The Consortium uses the developed standards, which have been determined by a group of experts in the field of postgraduate NPs and PAs training, to determine a program's initial and continued accreditation status and define the responsibilities of a program to maintain its adherence to the standards. The standards provide programs with guidance on the requirements, structure, and content of the program, but still allow programs to use innovation and creativity in their design to meet the goals and defined competencies. Through accreditation, organizations are able to further develop their programs through systematic self- evaluation, identification of strengths and weaknesses, on-going critical development and refinement of the curriculum, and program enhancements that reflect the realities of challenging and changing practice environments.

The Consortium's standards were developed and are maintained through a formal review process and recognize the evolution of NP and PA practice and training. The standards are applicable to all postgraduate NP, PA, or Joint NP/PA training programs unless specifically noted as an exception. There are eight core standards, each of which is comprised of elements used in developing and evaluating program structure and content, as well as providing approaches to validate the quality and rigor of the postgraduate training program. The standards are:

1. Standard 1 – Mission, Goals and Objectives
2. Standard 2 – Curriculum
3. Standard 3 – Evaluation
4. Standard 4 – Program Eligibility
5. Standard 5 – Administration
6. Standard 6 – Operations
7. Standard 7 – Staff
8. Standard 8 – Postgraduate Trainee Services

ACKNOWLEDGEMENTS

The goal of the Consortium Accreditation Standards is to drive compassionate, team-based, patient-centered, clinical excellence in the training of postgraduate nurse practitioners and physician assistants, while promoting rigorous peer review, quality assurance methods, evidence-based practice, and innovation and dissemination of knowledge.

In developing our Accreditation Standards, the Consortium for Advanced Practice Providers has had the privilege of working with leading national experts in academic healthcare, postgraduate training, and federally qualified healthcare centers. These dedicated and talented individuals donated their time and thoughtful insights to create this comprehensive set of programmatic accreditation standards. In developing the Accreditation Standards, the authors also provided specifications for the types of evidence needed to document a program's adherence to each component of a standard.

The standards articulated in this document were developed by a working group of the Consortium and approved by the Consortium's Accreditation Commission. The working group wishes to acknowledge and thank the work of several other accrediting organizations from whom the group has learned a great deal and incorporated ideas from these organizations into the Consortium Standards. The organizations we wish to specifically recognize and thank are as follows:

- Accreditation Council on Graduate Medical Education
- American Association of Colleges of Nursing
- Accreditation Review Commission on Education for the Physician Assistant
- American Academy of Physician Associates

With gratitude and appreciation, the Consortium acknowledges the following authors and contributors to the 2025 Accreditation Standards:

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Standard 1 — Mission, Goals and Objectives

The mission of the postgraduate NP, PA, or Joint NP/PA training program must be clear, concise, and communicate to program staff, postgraduate trainees, and stakeholders the essential components of a mission. These components include the core purpose of the program, the reason for investment of resources and energy in creating the program. The mission statement should be reflected in the core documents of the program that guide internal decision-making. It is prominently featured in external communication vehicles for the benefit of potential applicants, stakeholders, and other interested parties.

The mission statement gives rise to the goals of the program, which should be clearly articulated. The goals of the postgraduate NP, PA, or Joint NP/PA training program will provide the direction and key outcomes to which they aspire. These endpoints can be either broad or specific.

The goals give rise to the objectives of the program, which specify the efforts, actions, content, and work that the program intends to accomplish, and within specific time frames.

While the mission statement usually remains constant, it is likely and advisable that the objectives and goals will change over time as a program matures, expands, or broadens its scope. The mission, goals and objectives serve as cornerstones of a program's operation and provide the context for program evaluation.

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Standard 2 – Curriculum

INTRODUCTION

Program curriculum is designed to build upon the comprehensive knowledge and skills gained in academic preparation from the graduate program. The post-graduate training program expands upon and reinforces key elements of the novice NP or PA's existing knowledge and skill set. The postgraduate trainee will care for patients through a carefully planned progression of responsibility for patient care and clinical outcomes. 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.

PROGRAM CURRICULUM AND STRUCTURE

The Program curriculum must include the following core elements:

1. Clinically based practice and patient care experience (examples include precepted sessions, mentored clinics, specialty clinical rotations)
    a. Clinical experiences must be sufficient in depth, breadth, variety, and volume including medical/ behavioral conditions/diagnoses and patient demographics, to prepare the postgraduate trainee for clinical practice in the specialty of the program
    b. Program must provide structured experience in progressive responsibilities for patient management
    c. For each clinical experience and/or rotation the Program will provide learning objectives to guide the postgraduate trainee achievement of competencies
    d. The Program shall establish specific targets for the numbers of patients and procedures deemed necessary to achieve the overall goals of the postgraduate NP, PA, or Joint NP/PA Training Program based on the practice setting
2. Regularly scheduled didactic sessions
    a. For each didactic session the Program will provide learning objectives to guide the postgraduate trainee in the mastery of didactic knowledge and its subsequent application to practice

3. System-based learning and quality improvement
    a. Postgraduate trainee learning and involvement in organization or system based improvements designed to improve front-line care
4. Population-based health focus
    a. Assessment of community, environmental, and socioeconomic influences on health of patients and data-driven assessment of the population of focus
5. Technology
    a. Demonstrate the ability to use technology that spans clinical practice, informatics, and quality, if appropriate and applicable to the program or specialty. Examples may include electronic health records, use of technology for quality improvement efforts, and business intelligence
6. Respect for Patient Values, Preferences, and Needs
    a. Postgraduate trainee should listen to and honor the patient's perspective and choices, incorporating their values and preferences into the treatment plan.
7. Leadership and professional development
    a. Particularly in interdisciplinary practice
8. Health-Related Living Needs
    a. Involvement of Family and Friends: Encouraging and supporting the involvement of family and friends in the patient' care, recognizing their role in providing social and emotional support
    b. Continuity and Transition: Ensuring a smooth transition between different healthcare settings and/or providers, maintaining continuity of care.
    c. Patient Participation and Involvement: Encouraging and supporting patients in actively participating in their care and decision-making.
9. Certificate of Completion
    a. Awarded to postgraduate trainee upon achieving the competencies and completing all program requirements

POSTGRADUATE NP, PA, AND NP/PA TRAINING PROGRAM COMPETENCY DOMAINS

At completion of the Training Program, the postgraduate trainee must be able to:

1. Provide patient-centered care that is compassionate, individualized, and respectful of all backgrounds, needs, preferences and values and is effective for the treatment of both common and uncommon health conditions as well as the promotion of health
2. Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing and other health sciences, for the provision of evidence-based patient care
3. Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation and life-long learning
4. Demonstrate effective communication and collaboration with patients, their families, and interdisciplinary team
5. Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles
6. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to seek out appropriate services
7. Demonstrate the ability to practice within an interdisciplinary team in a manner that optimizes safe, effective patient- and population-centered care

8. Demonstrate qualities required to sustain life-long learning and professional development.
9. Demonstrate understanding of utilization of technology – inclusive of new modalities such as expanded telehealth, remote monitoring, virtual care
10. Demonstrate the awareness and the incorporation into practice of addressing people's individual background, needs, and preferences to achieve their optimum health

SUB-COMPETENCY BY DOMAIN

Each domain is built to elaborate on the achievement of a number of sub-competency domains by the NP and PA postgraduate trainee.

1. **Patient Care – Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of health problems and the promotion of health.**

   Postgraduate trainees must demonstrate competence to independently:

   a. Perform and interpret all screening, diagnostic assessments, and procedures that are essential for area of clinical practice and patient population
   b. Demonstrate competency in use of virtual, telehealth, and evolving technologies appropriate to the specialty and the setting, if appropriate and applicable to the program or specialty
   c. Gather essential and accurate patient information through the use of evidence based tools, review of records, history-taking, physical examination where appropriate, and assessment, and review of data derived from laboratory and imaging testing
   d. Organize and prioritize responsibilities to provide care that is safe, effective and efficient
   e. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, evidence based information and clinical judgment
   f. Develop and carry out accurate and safe evidence-based plan of care
   g. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
   h. Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
   i. Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
   j. Perform as a member and leader as appropriate of the inter-disciplinary team

2. Knowledge for Practice – Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological, nursing, medical, or other health sciences, and other bodies of knowledge as appropriate for the provision of evidence-based patient care

Postgraduate trainees must:

a. Demonstrate an investigatory and analytical approach to clinical situations
b. Understanding and awareness of the host organizations use of AI and Predictive Analytics as applied to the clinical practice, if appropriate and applicable to the program or specialty
c. Demonstrate an understanding of how individual and community experiences can affect health outcomes, and recognize the importance of building a diverse team that mirrors the population being served
d. Integrate and synthesize established and emerging bio-psycho-social scientific principles fundamental to health care for patients and populations
e. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving and evidence-based health care
f. Apply principles of public health and epidemiological sciences to the identification of and response to known and emerging health problems including environmental changes, and risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
g. Apply principles of social-behavioral sciences in the provision of patient-centered care, including awareness of the impact of factors that affect health beyond strictly clinical factors
h. Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices to improve patient care outcomes

3. Practice-Based Learning and Improvement – Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, constant self- evaluation, and life-long learning

Postgraduate trainees must develop skills and habits to be able to meet the following goals:

a. Identify knowledge gaps, deficiencies, and limits in one's level of knowledge, expertise, and attitudes
b. Set learning and improvement goals
c. Systematically analyze practice using quality improvement methods, measures, and processes, and implement and assess impact of changes with the goal of practice improvement
d. Identify, apply, and assimilate evidence from scientific studies related to patients' health problems
e. Use technology to optimize learning
f. Provide responsive health education to all patients and families, and may extend to educational activities for peers and other members of the healthcare team
g. Obtain and utilize information about individual patients, populations and cohorts of patients and communities served by the practice
h. Implement new expert recommendations and practice guidelines into clinical care

4. Interpersonal and Communication Skills – Demonstrate effective communication and collaboration with patients, their families, and interdisciplinary colleagues

Postgraduate trainees must demonstrate competence to:

a. Role model effective communication with an awareness of implicit bias with patients, families, and the public
b. Demonstrate respectful communication and work effectively with colleagues within one's profession or specialty, other health professionals, other interdisciplinary team members, and health related agencies
c. Act in a consultative role to other interdisciplinary team members
d. Maintain comprehensive, timely, and compliant medical (health/clinical) records
e. Facilitate communication that is compassionate, honest, respectful of individuals' life experiences and backgrounds, appropriate for their developmental stage, and attentive to factors influencing their access to care and health outcomes
f. Demonstrate ability to navigate a challenging patient/family situation and understand emotional impact on patients, families, and care providers

5. Professionalism – Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles

Postgraduate trainees must demonstrate:

a. Compassion, integrity, and respect for others
b. Respect for patient dignity, privacy, confidentiality, and autonomy
c. Accountability to patients, society, and the profession
d. Sensitivity and responsiveness to all patient populations
e. A moral commitment to the ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
f. Consist adherence to institutional policies
g. Understanding that life experiences may impact healthcare access and outcomes.

6. Systems-Based Practice – Demonstrate knowledge of the resources of the immediate and related health systems and use them effectively to provide optimal health care

Postgraduate trainees must demonstrate that they are able to:

a. Use clinical and population health data to drive quality improvement in patient care and clinical outcomes
b. Coordinate patient care within the health care system relevant to one's clinical specialty
c. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
d. Advocate for quality patient care and optimal patient care systems
e. Demonstrates knowledge of the system's approach to risk management, error identification and problem resolution
f. Participate in non-direct care and practice management responsibilities commensurate with

one's role, abilities, and qualifications

7. Interdisciplinary Collaboration – Demonstrate the ability to practice within an interdisciplinary team in a manner that optimizes safe, effective patient- and population- centered care

Postgraduate trainees must demonstrate that they are able to:

a. Work with other interdisciplinary team members to establish and demonstrate a climate of mutual respect, dignity, and trust
b. Use the knowledge of one's own role and roles of other interdisciplinary team members to appropriately assess and address the health care needs of the patients and populations served both virtually and in-person
c. Communicate, delegate, and defer to expertise within the interdisciplinary team in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
d. Demonstrate understanding of the interdisciplinary roles and responsibilities unique to the system in which the training program is housed that are required to establish, develop, and continuously enhance inter-disciplinary teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development – Demonstrate qualities required to sustain life-long growth as healthcare professionals and leaders

Postgraduate trainees must demonstrate that they are able to:

a. Use available resources and self-reflection to assess and enhance awareness of disparities in healthcare, implicit bias, and personal limitations
b. Demonstrate openness to learning from others' life experiences, use effective strategies to manage stress, and welcome constructive feedback
c. Manage conflict between personal and professional responsibilities
d. Practice flexibility and maturity in adjusting to change
e. Demonstrate trustworthiness when one is responsible for the care of patients
f. Practice leadership skills that enhance team functioning; the learning environment, and/or the health care delivery system, and the giving and receiving feedback from peers
g. Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease
h. Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
i. Identify and/or recognize 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
j. Embrace and learn new technology, inclusive of new modalities such as expanded telehealth, remote monitoring, virtual care
k. Demonstrate the awareness and the incorporation into practice of addressing people's individual background, needs, and preferences to achieve their optimum health

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Standard 3 – Evaluation

INTRODUCTION

Program evaluation is a critical component in establishing a rigorous and high quality educational training program. Programs must demonstrate they have an established process of intensive, ongoing, and cumulative evaluation of postgraduate trainees, core program components and program self-assessment. A strong program evaluation assures the quality, effectiveness and ongoing program development that fosters continuous redesign, improvements, and rigor. Systematic program evaluation provides an opportunity to compare and contrast outcomes within and between sponsoring organizations as well as further advance the depth and breadth of knowledge and measurable outcomes as an advanced practice provider.

The evaluation process should be developed and conducted based on targeted areas of the Accreditation Standards for Postgraduate NP, PA, or Joint NP/PA training programs. A well-developed process should be clearly outlined prior to the start of the Program. It is important that this be communicated to the preceptors, to the NP, PA, and NP/PA postgraduate trainees, program staff and others involved in the evaluation process, where applicable. Evaluation starts at the beginning of the postgraduate NP, PA, or NP/PA training program year, with the postgraduate trainee competency self-assessment and onboarding of the postgraduate trainee. The Program should strive to include both formative and summative evaluations. Evaluations may occur weekly, monthly, quarterly, semi-annually, and annually (upon program completion.) Consistency in the evaluation program and assessment tools is critical to obtain valuable data to prompt potential programmatic changes. Evaluation is bi-directional, with evaluation of all core program components and programmatic evaluation by sponsoring organizational leaders and by the trainee. This process is used to identify strengths, weaknesses, and opportunities for improvement. This will lead to further development of continuous improvement plans and corrective intervention strategies. Lastly, evaluation of programmatic changes is essential to determine the effectiveness of such interventions.

POSTGRADUATE TRAINEE

1. The Program must establish and use an objective, systematic and cumulative evaluation and assessment process that is designed based on the Program's core elements, competencies, and curriculum components.

2. The Program must individually assess the performance and development of each postgraduate trainee through periodic and objective assessment focused on the ten competency domains listed in Standard 2.

3. The Program must have a clear method in accord with HR policies for promptly identifying and addressing postgraduate trainee performance concerns, as well as the development of an improvement plan with measurable goals and specific time frames to accomplish such goals.

4. Program evaluations should include at a minimum:
    a. Postgraduate trainee should complete a competency self-assessment at the beginning of the program and no less than again at the end of the program
    b. Postgraduate trainee evaluation of all core program and curricular components
    c. Preceptor and faculty assessment of the postgraduate trainee performance
    d. Program Director evaluation of core postgraduate training faculty, preceptors, and Clinical Director (if not one in the same)
    e. Program Director evaluation by the Postgraduate Trainee
    f. Reflective journals or other self-reflective tools (examples may include debriefing, focus group, Schwartz Rounds)
    g. Final programmatic evaluation

5. 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. Additional elements of the learning portfolio can be added by the postgraduate trainee and/or the program and assist with preparation for postgraduate trainee evaluation and coaching sessions. Such a portfolio could be used by the postgraduate trainee as well as by Program Faculty and/or the Program Director in preparing for evaluation and coaching sessions. Learning goals established during evaluation and coaching sessions would be entered into the portfolio and reviewed at a subsequent evaluation and coaching sessions.

ORGANIZATIONAL EVALUATION

6. The Program Director must have a 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.

7. The Program must have a documented process for the initial and ongoing evaluation of all sites used for postgraduate trainees' clinical practice experiences. The evaluation of each site should include:
    a. The site (e.g., the resources provided, staffing)
    b. The clinical experience opportunities available to the postgraduate trainee at the site (age, conditions, population, procedures, etc.)

8. The Program must have a Residency/Fellowship Advisory Committee. The Residency/Fellowship Advisory 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

9. The Program must have an established process to evaluate clinical faculty, which includes preceptors and didactic presenters. The evaluators may include but are not limited to the postgraduate trainee and the Program Director/Clinical Director.

10. The Program must have a clear process for promptly identifying and addressing faculty performance concerns, as well as the development of an improvement plan with measurable goals. The evaluators may include but are not limited to the postgraduate trainee, Program Director, and faculty self-assessment.

11. 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

12. The Program must have an established process of ongoing program self-assessment that should use the Accreditation standards as a method to identify the program's compliance. A documented self-assessment should be done no less than annually, with recorded results. The Program self- assessment should include:
    a. Programmatic assessment and corresponding outcome measures:
        1. Postgraduate trainee completion rates
        2. Postgraduate trainee withdrawals or dismissals
        3. Postgraduate trainee evaluations of core program elements
        4. Preceptor evaluations of postgraduate trainee performance
        5. Post-program completion employment/practice data

6. Alumni satisfaction at a minimum at program completion and 12-18 months later

b. Documentation of program's self-assessment results and corresponding action plan that includes:
    1. Identified strengths, gaps and opportunities for improvement
    2. Structural or content program adjustments to address gaps and areas of improvement
    3. Evidence of improvement through implementation of the action plan as a result of the evaluation results

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Standard 4 – Program Eligibility

INTRODUCTION

Postgraduate NP, PA, or Joint NP/PA training programs are formal postgraduate training programs that offer a rigorous highly structured clinical and didactic curriculum. The full-time postgraduate trainee program must be a minimum of twelve months in length within an accredited by health care delivery system and/or certified by an entity that recognizes quality and safety of care. Individual programs may extend the program time to achieve both desired goals and postgraduate trainee outcomes. This must be clearly stated in the organization's application for accreditation.

ELIGIBILITY CRITERIA

Application for accreditation for Postgraduate NP, PA, or Joint NP/PA training programs should be completed by the primary sponsoring organization. Postgraduate NP, PA, or Joint NP/PA training programs must meet the following basic criteria to be eligible for consideration of accreditation.

1. The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care or provide evidence that the organization demonstrates quality and safety of care:
    - Federally qualified health centers (FQHCs) and FQHC look alike organizations
    - Nurse managed health centers
    - Other safety net settings such as the Indian Health Service
    - Veterans Health Administration system
    - Private or public integrated health systems
    - Hospitals
    - Private clinic systems and practices
    - Academic health centers/medical centers, both public and private
    - Academic Institutions
    - Behavioral Health Organizations

2. The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care, or provide evidence that the organization demonstrates quality and safety of care:

- A nationally recognized regional or specialized/professional accrediting agency that accredits the institution of higher education that offers the postgraduate training program
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission, with specific accreditation under the Standard applicable to the practice site of the postgraduate training program
- Program postgraduate trainee must be:
    - A graduate of an accredited Nurse Practitioner program who has earned either a Master of Science in Nursing or Doctor of Nursing Practice. The educational program should be accredited by CCNE or ACEN or a recognized accrediting organization
    - A graduate of an accredited Physician Assistant program
    - PA must hold certification with the National Commission on Certification of Physician Assistants (NCCPA)
    - The PA educational program should be accredited by professionally recognized organizations such as ARC-PA or a recognized accrediting organization
    - NP and PA must hold board certification and be licensed or license eligible as an advanced practice registered nurse or physician assistant/physician associate in the state in which the program is located by a date determined by the Program in accordance with the planned program curriculum

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Standard 5 – Administration

INTRODUCTION

The success of a postgraduate NP, PA, or Joint NP/PA training program is inextricably linked to the full support of the sponsoring organization. The program must align with the mission, vision, values, and strategic initiatives of the sponsoring organization. Vertical and horizontal support including the Board of Directors, executive team, senior leadership, clinical faculty, clinical teams, and non-clinical support functions create an environment in which the operational aspects of the Program work smoothly. The specific program policies must also reflect the sponsoring organization mission and vision. A program's organizational chart reflects both the organizational structure and channels of communication. Roles and responsibilities of individuals/departments within the sponsoring organization must be clearly outlined. The sponsoring organization should clearly demonstrate that sufficient resources are provided to support and sustain the program.

ORGANIZATIONAL SPONSORSHIP

1. There is a clearly identified single sponsoring organization that is ultimately responsible for the Program.

2. The Program must have a defined mission statement that defines the specific mission of the Program and reflects the mission and goals of the sponsoring organization.

3. The sponsoring organization must demonstrate that it provides sufficient resources to sustain the program and meet the required core elements of the post-graduate training program as outlined by the Consortium. This includes evidence of sufficient clinical rotations/experiences, depth of didactics, and a robust and ongoing programmatic evaluation. Programs must be able to demonstrate that the sponsoring organization, not the affiliated organizations, maintains the ownership and control over the educational content of the program. The program must also demonstrate appropriate leadership, oversight and management. The sponsoring organization must assure that postgraduate trainees will have sufficient opportunities for volume and diversity of clinical experiences to meet the objectives of the program.

4. When didactics and clinical rotations/experiences occur outside of the sponsoring organization or its affiliate, roles and responsibilities of each party must be clearly defined and an agreement must be in place between the sponsoring and affiliated organization. At a minimum, the affiliate organization must demonstrate the ability to provide sufficient resources to meet the expectations of the postgraduate trainee educational experience.

5. The Program should consider having a formal academic partnership or affiliation. While this is not a requirement for accreditation, an academic partnership or affiliation supports the Program in their implementation and development of key program components including curriculum, clinically based practice opportunities, didactic sessions, faculty development, evaluation, and additional training. In addition, a connection to an academic partner can support the program's positive relations with an accredited NP or PA academic program and provide a source of future postgraduate trainee candidates interested in further postgraduate training. Where formal academic partnerships exists, formal agreements or MOU must be in place to recognize the responsibilities of all parties as stated in the Agreement.

ORGANIZATIONAL RESPONSIBILITIES AND RESOURCES

6. The Program's sponsoring organization has the primary responsibility for assuring the following:
    a. Curriculum is developed, evaluated and appropriately revised as necessary on an ongoing basis
    b. Coordination and documentation of all clinical experiences, including precepted clinics, didactic education, and experiential learning
    c. 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 onboarding orientation
    d. Conducting the Program recruitment process in a transparent manner including selection of candidates for interviews, identification of the review committee members and process for review including a standardized evaluation rubric, selection of final applications, and the process for notification of decisions to candidates and the process of offering positions to the candidates. These processes must ensure equal opportunity for qualified candidates to learn about the program, understand core requirements and factors influencing acceptance, and submit application
    e. Establishing a timeline for the recruitment, selection, and contracting process for postgraduate trainees
    f. Providing either a formal written agreement in the form of a contract or an offer letter to all post graduate postgraduate trainees that details the terms and conditions of participation in the Program including clear expectation of program completion within the established timeframe. The execution and maintenance of this agreement is developed, executed and reviewed in accordance with organizational policy

g. Providing all postgraduate trainees with the appropriate liability coverage for the duration of the program in accordance with other health care professionals at the sponsoring organization
h. Provides evidence of conducting regional compensation benchmarking in order to assure that the postgraduate trainee compensation is competitive with other programs, assuring that postgraduate trainees are provided with appropriate compensation, as determined by the sponsoring organization. Employee benefits should be clearly defined by the sponsoring organization and described in the organization's policies
i. Assuring that the environment in which the postgraduate trainees and staff are assigned meet the sponsoring organization's standards for safety and security

7. 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.

8. The sponsoring organization must provide the Program with adequate resources (staff and operations) for enrolled postgraduate trainees. 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. The resources may include, but are not limited to:
    a. Assigned clinical practice sites for postgraduate trainees for both precepted and specialty rotations
    b. Electronic technology that provides the postgraduate trainees with the opportunity to learn and practice in a technically sophisticated environment including EMR and videoconferencing
    c. Appropriate space within the clinical practice environment for postgraduate trainees to interact as part of a full clinical interdisciplinary and interdisciplinary team

9. Available clinical support services must be sufficient in scope and number to support the clinical practice and learning of the postgraduate trainees. The sponsoring organization must provide access to appropriate clinical support services either through direct availability or through an established referral relationship. Clinical support services include, but are not limited to, staff such as medical assistants, nurses and technicians relevant to the specialty area.

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Standard 6 – Operations

INTRODUCTION

Operational policies and procedures are the foundation for a robust postgraduate NP, PA, or Joint NP/PA training programs. The Program must demonstrate that its operation is in alignment with 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. Program leaders are responsible for ensuring adherence to all applicable state and federal regulations.

1. Once an applicant has accepted offer of a position within the postgraduate training program, the sponsoring organization will issue a formal employment agreement either via employment contract or formal offer letter, which will include:
    a. Postgraduate trainee requirements and responsibilities
    b. Length of agreement
    c. All program requirements
    d. Financial compensation and other included benefits
    e. Professional liability insurance coverage or FTCA (federal tort claim act) coverage
    f. Policies and procedures for postgraduate trainee withdrawal or dismissal
    g. Other policies and procedures in accordance with the sponsoring organization

2. Postgraduate trainees must have a system to escalate concerns via an established supervisory chain of command at all times either in-person or virtually.

3. Clinical precepted sessions or shifts require the time and support of a preceptor for the duration of the session. The preceptor must be fully available to the postgraduate trainees for consultation, teaching, and direct assessment of patients. In the outpatient setting, preceptors who are precepting more than one (1) postgraduate trainee should not be scheduled for any other direct patient care responsibility during the precepted session.

4. Postgraduate trainees are not required to perform clinical or non-clinical work for the Program that is not for the purpose of educational training or to meet the Program's training goals, objectives and competencies.

5. Grievance and complaint resolution policies must be clearly articulated, defined, published, and readily available to postgraduate trainees and Program staff.
    a. Disciplinary actions should follow the organizational HR policy and procedures. This must include a clearly written plan for postgraduate trainee improvement and remediation, in collaboration with the program director and the postgraduate trainee
    b. Processes for internally managing trainee complaints and grievances related to the work environment, the overall program, or program faculty
    c. Trainee processes for filing a complaint concerning the program by the trainee with the Consortium

6. The HR department of the sponsoring organization will maintain records and documentation of the postgraduate trainee containing information in accordance with the sponsoring organization's policies and procedures.

7. The following postgraduate trainee documentation records are required to be kept by the program and must include the following:
    a. The postgraduate trainee has met published eligibility criteria
    b. The evaluation of postgraduate trainee performance during the program that demonstrates successfully meeting the program competency requirements
    c. Any disciplinary action plan and postgraduate trainee successful remediation of action plan
    d. Any grievances filed by the postgraduate trainee

8. Records of all key program staff, including but not limited to the Program Director, Clinical Director and additional Program staff assigned to the Program will be maintained by the Program. This should include a current resume or curriculum vitae (CV) and job description that outlines the role and responsibilities as it relates to the Postgraduate NP, PA, or Joint NP/PA Training Program.

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Standard 7 - Staff

INTRODUCTION

The staff that both direct and support the postgraduate NP, PA, or Joint NP/PA training program are a critical component to the effective program operations. The sponsoring organization must 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 required program staff includes a program director and a clinical director. These positions may be combined as appropriate. 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.

PROGRAM LEADERSHIP

1. 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, PA for PA 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.

2. Program Director is responsible for:
    a. The design, implementation, and oversight of all core program components
    b. Managing the recruitment and selection process of the postgraduate trainees
    c. Administering and collecting comprehensive performance evaluations of each postgraduate trainee
    d. Identifying and resolving unanticipated obstacles or problems that might impede successful achievement of objectives
    e. Promoting the understanding of the Program internally within the sponsoring organization
    f. Disseminating outcomes and findings from the Program to the larger health care community
    g. 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

3. The person designated as the clinical director must:
    a. Hold all required current state licensure for practice
    b. Assure that clinical practice experiences and other core program components meet and incorporate current practice standards and recognized best practices
    c. Promote understanding of and support for the Program internally within the sponsoring organization
    d. Be an advocate for Postgraduate NP, PA, or Joint NP/PA training programs nationally within the NP and PA professions and broader health care communities
    e. Demonstrates knowledge and responsibility for the program in relation to the understanding and management of:
        1. Sponsoring organization
        2. Day to day program operations
        3. Fiscal management
        4. Program self-analysis and evaluation
        5. Program development and improvement
        6. Accreditation standards and process
        7. 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
        8. Ongoing collaboration with internal and external stakeholders

CLINICAL PROGRAM FACULTY

4. There must be sufficient Clinical Program Faculty to provide postgraduate trainees with the dedicated support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies. Clinical Program Faculty may include preceptors, mentors, didactic lecturers, faculty with expertise in areas such as quality improvement or leadership, and any other clinical training staff.

5. Designated Clinical Program Faculty must be assigned to provide performance evaluations that assess the postgraduate trainee's progress in achieving expected competencies. Clinical Program Faculty also provide appropriate timely feedback through established program processes. Clinical program faculty must be provided appropriate initial training and ongoing professional development by the sponsoring organization that support professional development and acquisition of teaching/clinical skills necessary to successfully carry out their responsibilities as a program faculty member.

PROFESSIONAL DEVELOPMENT

6. The sponsoring organization is encouraged to provide Program staff with the opportunity for continuing professional development to support the Staff in the development of their clinical, training, and administrative skills required for their role in the Program. Professional Development may include continuing education conferences, professional organizational meetings, and training opportunities.

ORGANIZATIONAL SUPPORT STAFF AND SERVICES

7. There must be sufficient organizational support staff (administrative and technical) to support Program staff and postgraduate trainees in their day-to-day operations. The organizational support staff and services may include, but are not limited to:
    a. Information Technologies (IT)
    b. Business intelligence (reports and data analytics)
    c. Practice management (schedules, templates, case mix)
    d. Clinical support staff (medical assistants, RNs, and others to support the team care model)
    e. Quality improvement to support continuous QI activities within the practice
    f. Human Resources

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Standard 8 – Postgraduate Training Services

INTRODUCTION

A sponsoring organization must provide the postgraduate trainees with adequate services during the Program. The services should be in line with the policies and procedures of the sponsoring organization as it relates to other postgraduate trainees, health professions postgraduate trainees, and interdisciplinary team members, although services may be modified based on the established agreement.

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.

- 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

POSTGRADUATE TRAINEE BENEFITS

1. 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.

2. Employing or sponsoring organizations must specifically state guidelines for professional development, continuing education, and reimbursement for professional fees.

3. 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.

POSTGRADUATE TRAINEE HEALTH

4. Postgraduate trainees must adhere to health screening and immunizations in accordance with other health employees and those required by the sponsoring organizational policy

5. Postgraduate trainee health records and immunization information must be kept confidential and only released for purposes of the program operations with the permission of the postgraduate trainee.

POSTGRADUATE TRAINEE WORK ENVIRONMENT

6. 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.

WELLNESS PROMOTION

7. The Program must have a documented strategy to promote wellness for the postgraduate trainee.
    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
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
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

(1) APA definition of Resilience (February 1, 2020)

Post-graduate training is an excellent opportunity for educational and professional growth. Trainees often underestimate the importance of balancing their professional responsibilities. The rigorous time commitments, demands, and patient care responsibilities can make the training experience time-consuming, stressful, and overwhelming. In addition, trainees may feel insecure about their performance or question their career choice.

Wellness programs build resilience and promote a psychologically safe environment for trainees and faculty where vulnerability is recognized, supported, and normalized. Such programs encourage trainees and faculty to use a variety of individualized teaching/learning modalities, goal setting, and practical individual strategies to balance competing demands characteristic of post-graduate training programs.

The Postgraduate NP, PA, or Joint NP/PA training program should develop wellness education and ongoing programmatic support for trainees and faculty in specific focus areas. These may include recognizing and managing compassion fatigue, teaching effective coping strategies to manage stress, and setting effective boundaries to balance competing personal and professional demands. Efforts to acknowledge postgraduate trainee and faculty wellness may improve the long-term sustainability of postgraduate NP, PA, or Joint NP/PA training programs.

GLOSSARY OF TERMS

Accreditation – Accreditation is a voluntary process that is engaged in by organizations that sponsor a formal postgraduate training program for NPs and PAs. Accreditation provides programs with the opportunity to demonstrate their compliance with standards and validate the quality of the program to external stakeholders and prospective postgraduate trainees. Accreditation status is granted to postgraduate training programs that meet the predetermined criteria.

Affiliated Organization – An affiliated organization is an organization distinct from the sponsoring organization with a vested interest in the outcome of the sponsoring organization's postgraduate training program.

Affiliated organization must be able to provide assigned resources to meet the goals of the educational experience, and to provide an evaluation to the sponsoring organization following the experience when relevant.

Clinical Program Faculty – Clinical program faculty provide postgraduate trainees with support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies. Clinical Program Faculty includes preceptors, mentors, didactic lecturers, faculty with expertise in areas such as quality improvement or leadership, and any other clinical training staff.

Competency Self-Assessment – The competency self-assessment evaluation is completed by the postgraduate trainee at the beginning, mid-year and end-of-year of the postgraduate training program. This instrument is based on a report produced by an expert panel and published by HRSA (Resources and Services Administration) in 2002 for entry into practice family nurse practitioner competencies.

Faculty – Program staff of the postgraduate training program

Fellowship – A postgraduate training program for licensed advanced practice registered nurses (APRNs) or Physician Assistants/associates (NCCPA) that provides a minimum of one year, structured, intensive education and training in the service delivery setting that supports the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner or physician assistant/associate in primary care or specialty areas.

Meleis' Transition Theory – Transition Theory, developed primarily by Afaf Ibrahim Meleis, is a nursing theory that seeks to identify individuals experiencing life changes and then assisting these individuals in terms of health promotion. Transitions, or changes, can impact a patient's health in a variety of ways. By recognizing these times of transition, nurses can develop appropriate interventions for their patients which assist them in achieving positive outcomes. (Meleis, A. I. (1985). Theoretical Nursing: Development and Progress (1st Ed). Philadelphia: Lippincott Williams & Wilkins)

Mentor – A mentor is a provider who serves as a role model and resource to postgraduate trainees.

NCQA (National Committee for Quality Assurance) – NCQA Recognition Programs empower employers, health plans, patients and consumers to make informed heath care decisions based on quality. Participation in a NCQA Recognition Program demonstrates that the practice or clinician values quality health care delivery and the latest clinical protocols to ensure that patients receive the best care at the right time. (www.ncqa.org)

Observational experience – These are usually short-term observational clinically based experiences where the postgraduate trainee is engaged in learning, but not providing patient care.

PCMH (Patient Centered Medical Home) – The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care. NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely used way to transform primary care practices into medical homes. (www.ncqa.org)

Physician Assistant/Physician Associate – As of May 2021, the official title of the PA profession is "physician associate", changing from "physician assistant". Being that the implementation of the title change is a complex process and will require the involvement of national PA organizations, state/federal licensing agencies and

regulators, the term "physician assistant" remains in use particularly in the professional capacity and within the clinical setting. To date, use of either physician associate and/or physician assistant poses no legal or regulatory conflict.

Postgraduate NP Training Program – A post graduate training experience for licensed advanced practice registered nurses (APRNs) that provides a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner in primary care or specialty areas.

Postgraduate Joint NP/PA Training Program – A postgraduate training program for licensed advanced practice registered nurses (APRNs) or Physician Assistants/associates (NCCPA) that provides a minimum of one year, structured, intensive education and training in the service delivery setting that supports the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner or physician assistant/associate in primary care or specialty areas.

Postgraduate PA Training Program – A post graduate training experience for Physician Assistants/associates (NCCPA) that provides a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a physician assistant/associate in primary care or specialty areas.

Postgraduate trainee (Postgraduate NP/PA) – An advanced practice registered nurse (APRN) or physician assistant/associate (PA-C) who has graduated from an accredited nursing or physician assistant program (MSN, DNP, MPAS, MSPAS) licensed and is participating in a postgraduate training program.

Precepted Clinical Session – Postgraduate trainees provide patient care, initially with the exclusive attention of an expert clinical preceptor. Precepted clinic require the time and support of an on-site preceptor for the duration of the session. The preceptor must have sufficient time and availability to be fully available to the postgraduate trainees for consultation, teaching, and direct assessment of patients. The precepting role changes over time as the learner takes on more progressively independent responsibilities in patient care.

There is a general pathway and timeline for this independence, which is individualized based upon the trainees' progress.

Preceptor -– A preceptor is a skilled, experienced, motivated and productive provider who and has demonstrated clinical excellence and high-quality care with good outcomes. A preceptor serves as a role model and resource to post graduate trainees.

Program Director – The Program Director is responsible for the overall operations of the postgraduate training program. The program director must be knowledgeable and responsible for the Programs: Sponsoring organization, program operations, fiscal management, program self-analysis and evaluation, program development and improvement and accreditation standards and process. The Program Director must be a licensed NP for NP only programs, licensed PA for PA only programs, or an NP or PA for NP/PA programs in the state where the postgraduate training program exists or operate under the direction of a Clinical Director who is an NP or PA.

Residency – A postgraduate training program for licensed advanced practice registered nurses (APRNs) or Physician Assistants/associates (NCCPA) that provides a minimum of one year, structured, intensive education and training in the service delivery setting that supports the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner or physician assistant/associate in primary care or specialty areas.

Site Visit – A site visit is an essential and unique step in the accreditation process, where Consortium peer volunteer members visit the postgraduate training program to assess the degree to which the postgraduate training program is consistent with the requirements of accreditation. The site visit can be effectively used for the in-person elements of meetings with programs staff, trainees, and site/practice assessment. During the site visit, site visitors verify self-study information and receive a perspective about the postgraduate training program's operation that can only be obtained through direct observation.

Sponsoring Organization – The sponsoring organization is the organization operating the Postgraduate training program. A sponsoring organization must be located within the US and operate postgraduate NP, PA, or Joint NP/PA training programs in settings that may include but are not limited to:

- Federally qualified health centers (FQHCs) and FQHC look-alike organizations
- Nurse managed health centers
- Other safety net settings such as the Indian Health Service
- Veterans Health Administration system
- Private or public integrated health systems
- Hospitals
- Private clinic systems and practices
- Academic health centers/medical centers, both public and private
- Academic Institutions
- Behavioral Health Organizations
- The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care.