APPENDIX C

UNIVERSITY OF NORTH CAROLINA
REQUEST FOR AUTHORIZATION TO ESTABLISH
A NEW DEGREE PROGRAM

INSTRUCTIONS: Each proposal should include a 2-3 page executive summary. The signature of the Chancellor is required. Please submit one hard copy and an electronic copy of the proposal to the Office of the Senior Vice President of Academic Affairs at UNC General Administration.

Date: October 2014

Constituent Institution: University of North Carolina at Chapel Hill

CIP Discipline Specialty Title: Physician Assistant

CIP Discipline Specialty Number: 51.0912  Level: B ____ M __X__ Res. Doc. _____ Prof. Doc. _____

Exact Title of the Proposed Degree: Master of Health Sciences

Exact Degree Abbreviation (e.g., B.S., B.A., M.A., M.S., Ed.D., Ph.D.): M. H. S.

Does the proposed program constitute a substantive change as defined by SACS?  Yes ____ No __X____

The current SACS Substantive Change Policy Statement may be viewed at: http://www.sacscoc.org/pdf/081705/Substantive%20Change%20policy.pdf
If yes, please briefly explain.

Proposed date to enroll first students in degree program: Month January  Year 2016

Are there plans to offer 50% or more of program credit hours to students off-campus or online?  Yes _____ No __X_____ 

If yes, complete the form to be used to request establishment of a distance education program and submit it along with this request.

Note: If a degree program has not been approved by the Board of Governors, its approval for alternative, online, or distance delivery must wait until BOG program approval is received. (400.1.1[R], page 3)
(Not applicable to this request)

Provide a summary of the status of this proposal in your campus review processes.

a. List the campus bodies that reviewed and commented on this Appendix C proposal before submission to UNC General Administration. What were there determinations? Include any votes, if applicable.

This document was be reviewed by the PA Program Leadership Team, The Department of Allied Health Sciences Academic Affairs Committee, and the Associate Dean and Chair of Allied Health Sciences, Dr. Stephen R. Hooper.

The PA Leadership Team is composed of the following faculty from the School of Medicine: Paul Chelminski, MD, PA Program Director; Stephen R. Hooper, PhD, Associate Dean and Chair, Department of Allied Health Sciences; Timothy Daaleman, DO, Professor and Vice Chair of the Department of Family Medicine, PA program Medical Director; Amelia Drake, MD, Executive Associate Dean of Academic Programs; Bruce Cairns, MD, Director, North Carolina Jaycee Burn Center; and Cam Enarson, MD, Vice Dean for Finance and Administration.

The proposal was also reviewed through the campus new degree approval process for graduate
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

degrees, including reviews by: The Graduate School (Academic Policy Committee and Faculty Administrative Board of The Graduate School), Office of the Executive Vice Chancellor and Provost, and Office of the Chancellor.

b. Summarize any issues, concerns or opposition raised throughout the campus process and comment periods. Describe revisions made to address areas of concern.

This section is organized by broad content areas. Each paragraph includes a summary of concerns raised during review of Appendix A and a description of revisions made in an attempt to strengthen the proposal and a description of revisions made by the PA program in response.

1. Societal demand/employment evidence

In response to a request to strengthen evidence of societal demand for and employment of PAs, the PA Program provided recent data on the primary care workforce needs in North Carolina (NC). The demand for PAs educated in NC exceeds the current supply. There is presently a very low retention rate of physicians graduating from NC medical schools who are practicing in primary care 6 years later. Because PAs also practice in primary care, they may help address a shortage of primary care providers.

2. Program title/choice of degrees

The PA Program has selected the Master of Health Sciences (MHS) degree to award its graduates. In response to questions about this choice, a table was prepared showing the variety of degrees awarded by accredited PA programs across the United States (US), including the MHS. This title not only emphasizes that UNC-Chapel Hill PA graduates are prepared at the master’s degree level (the soon to be standard for all PA programs), but it should confer recognition and comparable status within healthcare institutions in NC.

3. Admissions criteria and overlap with Military focus

Reviewers asked the PA Program to clarify admissions criteria in several areas as well as how it overlapped with our intentional focus to support military medics. PA admissions criteria, such as 1000 hours of patient care experience, are in line with PA program expectations across the nation.

The PA Program described the process of devising an algorithm for use in scoring all applicants for program admission. The algorithm will incorporate the admission requirements (grades, GRE scores, patient experience, and others) in a weighted system. As this algorithm is developed, “points” for service as a military medic, will be included. Furthermore, an admission interview using a distance format, such as Skype, may be substituted for the required in person interview required for admission for deployed applicants.

4. PA/NP

In response to the request for a more extensive discussion of the roles in healthcare played by PAs and nurse practitioners (NPs), the PA Program provided a comprehensive descriptive chart. It contains definitions of each field, scope of practice, educational or philosophical model, educational requirements, and certification and licensure requirements. Both PAs and
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

NPs are employed in healthcare delivery in NC, frequently at the same institutions, and play complimentary roles. Both are members of teams that also include physicians, nurses, medical laboratory scientists, and other allied health science professionals.

5. Collaboration

In response to the request for explanation of collaboration and course sharing with closely related programs on campus, the PA Program proposal included commitments to seeking out interprofessional learning opportunities in both program phases, didactic and clinical. As PA courses are developed, the Program Director is meeting with faculty from several disciplines (medicine, nursing, pharmacy, and others) to further explore these options, including joint teaching and sharing course content.

6. Enrollment and Curriculum

Questions about PA enrollment size and length relative to other NC and national programs were addressed. The UNC-Chapel Hill PA Program will be starting annual enrollment at 20 students, a number that enables some flexibility in class scheduling and the ability to handle unexpected issues that may arise. With time and experience, it’s possible that an enrollment increase may occur. Starting with a smaller class and increasing enrollment over time is typical for developing PA programs.

The PA Program also provided a comparison of the number of required hours (94) in this proposed curriculum nationally, which indicate our proposed program is consistent with national norms.

7. Faculty needs

In response to concerns about faculty needs, the PA Program stated that the student to (full time) faculty ratio as planned is consistent with national data for PA programs. Adjunct instructors will teach significant portions of several courses, thus spreading the workload of teaching 94 credits over additional faculty resources. With possible enrollment expansion in the future, the need for faculty could increase.

Executive Summary

The UNC-Chapel Hill Department of Allied Health Sciences is proposing to establish a Master’s of Health Science (M.H.S.) degree to prepare Physician Assistants for clinical practice in the State of North Carolina. The Physician Assistant (PA) Program will prepare graduates who are career-ready to enter the healthcare workforce in North Carolina (NC).

PAs are healthcare providers who are academically and clinically competent to practice medicine under the direction of a doctor of medicine or osteopathy. Within the PA-physician collaborative partnership, PAs make medical decisions related to direct patient care. PAs practice in both primary care settings and medical specialty settings, and they are employed in clinics, physicians’ offices, hospitals, surgery centers, and other settings. PAs typically practice with members of a healthcare team that includes nurses, nurse practitioners (NPs), medical laboratory scientists, medical assistants, radiologic scientists, and others in delivering health care services. PAs and NPs
are non-physician medical providers who differ by education and licensure, but work synergistically within a health care team.

The PA Program will address a documented growing shortage of providers of primary medical care in North Carolina. Increasing the numbers of PAs will help alleviate a well-documented growing shortage of primary care physicians which is especially found in rural areas of the state. Statistics showing the declining number of primary care physicians, the increasing number of primary care PAs in underserved regions, and that the state is a net importer of PAs suggest that increasing the number of PA graduates in North Carolina is warranted.

Physician assistants graduating from the UNC-Chapel Hill program will be immediately eligible for national certification, North Carolina PA licensure, and healthcare practice. This program will be an attractive option for students with a baccalaureate degree and a strong interest in pursuing a health professions career, such as former military medics and students with undergraduate majors including biology, chemistry, psychology, and public health. The PA program will be especially appealing to students who desire relatively rapid entry into a healthcare profession in which there is a focus on direct patient interaction. Applications will be accepted from both NC residents and out-of-state students.

At present there is only one UNC System university, East Carolina University, offering the PA program, although 7 private universities in NC have PA programs. A brief study of 2013 admissions data for 4 NC programs demonstrated that only 5% of their qualified applicants were admitted and that 4,203 applicants were turned away. Thus, there appears to be an ample, qualified applicant pool for the UNC-Chapel Hill PA Program.

The curriculum, admissions requirements, faculty needs, and other aspects of the PA Program are being developed in alignment with the Accreditation Standards for Physician Assistant Education© (Standards) published by the Accreditation Review Commission on Education for Physician Assistant, Inc. (ARC-PA). This ensures that PA graduates will be eligible for professional certification examinations and North Carolina licensure as physician assistants.

The intensive curriculum of this two-calendar year master’s degree program will include one year of on-campus didactic and laboratory courses taught by new PA program faculty and current faculty in the School of Medicine. The first year will serve as preparation for the second year of structured clinical courses involving patient care (also referred to as rotations). Clinical sites will include UNC Hospitals, other UNC Health Care institutions, and facilities arranged in collaboration with the North Carolina Area Health Education Centers (NC AHEC). Some of the clinical sites selected for rotations will be common settings for PA practice in North Carolina’s rural and medically underserved urban communities. It has been found that when students’ rotations occur in these settings, the likelihood that they will return there to practice post-graduation increases.

Admission applications will be accepted from students with baccalaureate degrees in a variety of disciplines who have completed all prerequisite courses and met all other application requirements. It is expected that the PA Program will accept 20 students per class. Annual enrollment starting with program year two will be 40 PA students, with 20 graduating each year. Pending ARC-PA provisional accreditation, the first class will enroll in the spring 2016 semester; this cohort will graduate in December 2018.
UNC-Chapel Hill is well-positioned to establish a new PA program in the State. The PA Program will be organized under a new Division of Physician Assistant Studies within the existing Department of Allied Health Sciences (DAHS) in the UNC School of Medicine. Currently there are six Divisions in the DAHS, all offering master’s degrees, with some awarding doctoral and baccalaureate degrees as well. The Department currently prepares graduates in Clinical Laboratory Science, Occupational Science, Physical Therapy, Radiologic Science, Speech and Language Pathology, Audiology, Human Movement Science, and Rehabilitation Counseling. The PA Program Director will report to the Associate Dean and Chair of the DAHS. The PA Program will draw on the availability of clinical sites through UNC Health Care, the expertise of existing faculty, and the availability of some existing facilities in the School of Medicine. Both office space for faculty, student space, and classroom space all have been identified in conjunction with the UNC School of Medicine, with classroom space being readied for the first year of the PA curriculum in January of 2016.

Planning for the PA Program arose from a need identified in 2009 by the US Army Special Operations Command (USSOC) at Fort Bragg for post-service formal medical education for military medics, enabling medics to transition into civilian positions in North Carolina. Further planning culminated in the collaborative announcement by William Roper, Dean of the School of Medicine; Tom Ross, UNC System President; and Brad Wilson, CEO of Blue Cross and Blue Shield of North Carolina (BCBSNC) in December 2012 to develop a new Physician Assistant Program at UNC-Chapel Hill. A unique public-private partnership was forged with BCBSNC Foundation pledging a gift of $1.2 million which is being used for PA Program start-up costs.

The need for the UNC PA Program is based on several key considerations: preparing veterans to enter the workforce in North Carolina; building on the experience and skills of military medics; addressing the current healthcare provider shortage particularly acute in North Carolina; and providing affordable cost-effective PA education in a public institution resulting in a diverse student body. Lastly, when appraising the highly ranked PA programs in the country it should be noted that most if not all are housed in academic medical centers, as this program would be, in contrast to some of the developed and developing programs in the state of North Carolina.

I. Description of the Program
A. Describe the proposed degree program (i.e., its nature, scope, and intended audience).

Nature
The Master of Health Sciences-Physician Assistant (PA) Program at UNC-Chapel Hill will prepare physician assistants (PAs) who are career-ready to enter the healthcare workforce in North Carolina (NC). PAs are healthcare providers who are academically and clinically competent to practice medicine under the direction of a doctor of medicine or osteopathy. Within the PA-physician collaborative partnership, PAs make medical decisions related to direct patient care. These decisions regarding diagnosis, therapeutic measures, and maintenance/preventive services include: performing physical examinations, ordering diagnostic tests and medications, and conducting health screenings, as well as other functions. PAs practice in both primary care settings and medical specialty settings, and they are employed in clinics, physicians’ offices, hospitals, surgery centers, and other settings. PAs typically practice with members of a health care team that includes nurses, nurse practitioners (NPs), medical laboratory scientists, medical assistants, radiologic scientists, and others, in delivering health care services. PAs and NPs are non-physician medical providers who differ by education and licensure, but who work synergistically within a health care team.
Physician assistants graduating from the UNC-Chapel Hill program will be prepared to enter the workforce and address a documented shortage of primary care providers in North Carolina. Increasing the numbers of PAs can help alleviate a growing shortage of primary care physicians which is especially found in rural areas of the state.

This two-calendar year master’s degree program will include on-campus didactic and laboratory courses followed by structured clinical courses (also referred to as rotations) at UNC Hospitals, other UNC Health Care institutions, and in facilities arranged in collaboration with the North Carolina Area Health Education Centers (NC AHEC). The clinical sites selected for rotations will be common settings for PA practice in North Carolina rural and urban communities.

Students will enter the PA Program in the spring semester and complete the program in 24 months. The curriculum will consist of didactic and laboratory courses including clinical assignments involving patient contact. The first year didactic and laboratory courses will serve as a foundation for the second year clinical courses. Second year clinical courses will begin with the fall semester of the second calendar year, include the following spring semester, and conclude at the end of the second summer session. The PA Program will culminate in awarding of the Master of Health Sciences (M.H.S.) Degree.

The curriculum, admissions requirements, faculty needs, and other aspects of the PA Program are being developed in alignment with the Accreditation Standards for Physician Assistant Education© (Standards) published by the Accreditation Review Commission on Education for Physician Assistant, Inc. (ARC-PA).¹ PA graduates will be eligible for professional certification examinations and North Carolina licensure as physician assistants.²

Applications will be accepted from students with baccalaureate degrees who have completed all prerequisite courses and met all other application requirements. It is expected that the PA Program will accept 20 students per class. Annual enrollment starting with Program Year 2 will be 40 PA students, with 20 graduating each year. Pending ARC-PA provisional accreditation, the first class will enroll in the Spring 2016 semester; this cohort will graduate in December 2018.

The PA Program will be organized under the new Division of Physician Assistant Studies in the existing Department of Allied Health Sciences (DAHS) in the UNC School of Medicine. Currently there are 6 formal Divisions in the DAHS, all offering master’s degrees, with some awarding doctoral and baccalaureate degrees as well. The PA Program Director will report to the Associate Dean and Chair of the DAHS. The Associate Dean and Chair of DAHS reports to the Dean of the School of Medicine. The School of Medicine also has Vice Deans and Executive Associate Deans who provide guidance on educational, clinical, and research issues.

The vast majority (91%) of PA programs offer a master’s degree as the highest credential, and by 2020 all accredited PA programs will be required to offer a master’s degree. Graduation from an accredited PA program does not confer the right to practice as a PA, but does confer eligibility to take the Physician Assistant National Certifying Exam (PANCE). In order to practice, all PAs must pass the PANCE and become licensed in the state in which they choose to practice.

A review of national data (see table below) displays the diversity of types of degrees offered by physician assistant programs.³ With these data as reference, the PA Program Director consulted with other Program Directors to understand how degree names were selected at other institutions. Based on this process, the PA Program Director selected the degree name, Master of Health
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

Science (MHS), which was felt to represent the depth and breadth of education being offered at UNC Chapel Hill.

<table>
<thead>
<tr>
<th>Degree Title</th>
<th>Number of Programs</th>
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<tbody>
<tr>
<td>Master of Science</td>
<td>26</td>
</tr>
<tr>
<td>Master of Health Science/Master of Science in Health Science (MSHS)</td>
<td>10</td>
</tr>
<tr>
<td>Master of Medical Science/Master of Science in Medicine</td>
<td>18</td>
</tr>
<tr>
<td>Master of Physician Assistant Studies/Master of Science in Physician Assistant Studies/Master of Physician Assistant Practice</td>
<td>83</td>
</tr>
</tbody>
</table>

The Duke University PA program, consistently ranked number one in the nation by *US News and World Report*, selected the MHS title as the program degree for PA graduates. The table below lists the names of some of the universities that offer the MHS/MSHS degree.

<table>
<thead>
<tr>
<th>Name</th>
<th>PA Program Degree Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke University, North Carolina</td>
<td>MHS</td>
</tr>
<tr>
<td>Quinnipiac University, Connecticut</td>
<td>MHS</td>
</tr>
<tr>
<td>University of South Alabama, Alabama</td>
<td>MHS</td>
</tr>
<tr>
<td>Drexel University, Pennsylvania</td>
<td>MHS</td>
</tr>
<tr>
<td>Lock Haven University, Pennsylvania</td>
<td>MHS</td>
</tr>
<tr>
<td>George Washington University, Washington DC</td>
<td>MSHS</td>
</tr>
</tbody>
</table>

Scope

The PA Program is national in scope as admission is open to both in-state and out-of-state applicants. Accreditation received through the ARC-PA is nationally recognized; however, the program is designed to prepare graduate PAs who will address the healthcare work force needs of North Carolina. It is expected that the majority of applicants and enrolled students will be North Carolina residents.

Intended audience

The intended audience for the Master of Health Sciences-PA Program consists of individuals holding a baccalaureate degree and meeting all prerequisite courses and other published requirements for admission. This program will be an attractive option for students with a baccalaureate degree in the sciences and a strong interest in pursuing a health career, such as former military medics and students with undergraduate majors including biology, chemistry, psychology, and public health. The PA program will be especially appealing to students who desire a relatively rapid entry into a healthcare profession in which there is a focus on direct patient interaction. Often students choose a career as a physician assistant over going to medical school which requires a much longer time commitment and is more costly.

Opening of the PA Program and application deadlines for the first entering class will be announced on the program website http://www.med.unc.edu/ahs/unc-pa. Based on PA enrollment data from other North Carolina colleges and universities, and the number of inquiries being received from potential applicants, this new program should generate a more than adequate number of applicants to fill the class.
Background of the PA Program initiative

There is a lengthy history of communication with UNC General Administration, including former system president Erskine Bowles and current system president Tom Ross, about a planning initiative for the UNC-Chapel Hill PA Program. The plans arose from a need identified in 2009 by the US Army Special Operations Command (USSOC) at Fort Bragg for post-service formal medical education for military medics, enabling medics to transition into civilian positions in North Carolina.

Planning a new PA Program at UNC-Chapel Hill represents a shared commitment on the part of representatives of Fort Bragg, the University of North Carolina System, and health insurer Blue Cross and Blue Shield devoted to reducing the shortage of healthcare professionals in North Carolina. The planned UNC-Chapel Hill PA Program will address those needs, but importantly, will be responsive to the needs of the entire state of North Carolina, especially those citizens residing in medically underserved areas. The PA Program seeks to address the documented shortage of primary care providers in many areas of North Carolina through multiple mechanisms such as selection of these areas as sites for clinical rotations, and awarding scholarships to students who commit to serving in these areas after graduating.

Strategies employed by the UNC-CH School of Medicine to attract and retain MD students to work in rural areas include the Sarah Graham Kenan rural and underserved medical scholars program launched in 2012. This program allows a selected small group of medical students (7 in 2012 and 6 in 2013) to identify their interest in rural health, relate to a mentor rural preceptor, engage in a community project in a rural area in the summer after their first year, participate in the Asheville longitudinal program for their clinical education, and experience focused small group sessions to advance their skills and knowledge about rural primary care. Some scholarship support for these students is provided through the Kenan Charitable Trust. The purpose of this program is to ultimately increase the number of UNC SOM students seeking rural health careers in North Carolina and to provide financial support and enrichment experiences to sustain their decisions. A similar program is being piloted in 2014 in Charlotte, focusing on the Urban Underserved. Two MD students will participate this first year. The PA Program Leadership team and the soon to be hired faculty will explore the possibility of establishing similar opportunities for PA students.

The clinical year for the first class of the UNC-Chapel Hill PA Program will commence in January, 2017. Rural clinical sites that are known and for which we anticipate commitment are those currently associated with the NC Area Health Education Center (AHEC) (Appendix B: Letter of support from Warren Newton). PA students from ECU and Duke receive part of their training under AHEC auspices in community hospitals, physicians’ offices, rural health centers, public health departments, mental health centers, and other health-related settings. Each of the nine regional AHECs facilitates quality community-based health science education at more than 1,300 community sites. In 2010-2011, health science students studying allied health, dentistry, medicine, nursing, public health, and pharmacy at many North Carolina colleges and universities completed 10,558 student months of training through AHEC supported community-based rotations. The PA Program faculty will attempt to schedule every PA student in rural community-based facilities for at least one clinical rotation. The intent is to expose the PA student to the need and opportunities in these medically underserved areas with the goal that these students will become future PA providers in rural areas of North Carolina.
Published data regarding placement of East Carolina University (ECU) PA graduates in underserved areas is unavailable. In a personal communication with Dr. Alan Gindoff, ECU PA Program Director, we learned that ECU surveys all of its PA graduates 6 months after graduation. The survey response rate is low, but reveals that lower numbers of ECU PA graduates are employed in rural areas compared to other settings.

At present there are no available data that explain the choice of practice area by ECU PA graduates. The details above were provided as a courtesy by the ECU PA Program Director at the request of the UNC PA Program to facilitate a response to the question raised in the intent to establish, “What is the experience of ECU with placement of PA graduates in underserved areas?”

The UNC PA Program is considering several evidence-based strategies, which are concordant with the SOM, and would facilitate PA graduates to practice in health care shortage areas. As outlined on page 8, the SOM has initiated the Sarah Graham Kenan Rural and Underserved Medical Scholars program and a comparable program for UNC PA students will be explored. Loan forgiveness programs, such as the National Health Service Corps, have been discussed as another potential stimulus. Finally, the PA Program leadership team is aware of data which support the targeted recruitment of qualified PA applicants from rural areas since these individuals are more likely to practice in rural areas upon graduation.

**Background of military medics**

Military medics are prepared through extensive training and experience while in the service. They receive training in emergency and clinical medicine, veterinary medicine, and dental care. While deployed, medics often administer not only to service personnel, but many others in the communities where they are serving. They leave the service highly skilled and experienced, but without the formal credentials needed to work in healthcare in the civilian sector. At best, former military medics may find some work as “paramedics,” jobs with much lower status, pay, and practice opportunities. There is no recognized civilian standard commensurate with their skill levels. For that reason, former military medics may seek enrollment in educational programs, including physician assistant programs, as a way to gain entry into the civilian healthcare workforce where their interest in healthcare and their skills can be applied.

Former military medics represent a distinct student population. They are frequently nontraditional in age and family status, e.g., older than traditional college students and married with dependents rather than single. Many former military personnel are from rural backgrounds. Upon leaving the service, many choose to remain in North Carolina where they were formerly stationed. The University of North Carolina System recognizes and has made a commitment to meeting the unique needs of military or former military personnel through the program, “UNC SERVES.” UNC SERVES (System-wide Evaluation and Recommendation for Veterans Education and Services) is a system wide initiative. An online Resource Guide identifies the programs and services that UNC-Chapel Hill and other state institutions provide active and retired military service personnel and their families.5

The relationship between the University of North Carolina and the United States Army Special Operations Command (USSOC) was formalized by a Memorandum of Agreement (MOA) in 2009 (Appendix C: MOA). This MOA led the way for subsequent communication and specific initiatives for the PA Program over the next 3 years. In December of 2012, Dr. Bill Roper, Dean of the School of Medicine, joined with UNC System President Tom Ross and Blue Cross and Blue Shield (BCBS) of North Carolina CEO/President Brad Wilson to announce plans for a new physician assistant program at UNC-Chapel Hill. At that time, BCBS pledged a gift of financial support to be used for program start-up costs (Appendix D: Excerpt from BCBS Media Clipbook).
Key advantages of the PA Program cited at that time included preparing veterans to enter the workforce in NC, building on the experience and skills of military medics, and rapidly addressing the current healthcare provider shortage which is anticipated to increase secondary to implementation of the Affordable Care Act. Other advantages included the efficiency of educating PAs at UNC-Chapel Hill within the infrastructure of the UNC School of Medicine and Department of Allied Health Sciences and the opportunity for clinical education sites across the State of North Carolina, especially in those areas with documented shortages of primary care providers.

B. List the educational objectives of the program.

The educational goals for the Master of Health Sciences-PA Program are derived from its Mission Statement.

The mission of the University of North Carolina at Chapel Hill (UNC) Physician Assistant (PA) Program is to promote high quality, accessible patient-centered health care for the people of North Carolina and the nation through excellence in education, scholarship and clinical service. The UNC PA program is committed to the health care and workforce needs of North Carolinians and will use an inter-professional approach to prepare skilled and compassionate health care practitioners across the continuum of life. Goals include:

1. To produce didactically and clinically competent and contextually sensitive Physician Assistants by providing an educational environment that fosters learning and prepares students for a range of clinical practice settings.

2. To prepare generalist PA students for practice settings in rural or urban medically underserved areas through emphasis on health promotion, disease prevention, cultural competency, and primary care.

3. To develop and promote an interdisciplinary orientation to health care delivery.

4. To provide educational and training opportunities for non-traditional students, with attention to all veterans especially those who have served in medical military settings, such as the Special Forces medics, for careers in medically underserved areas.

C. Describe the relationship of the program to other programs currently offered at the proposing institution, including the common use of:

1. **Courses: Relationship of proposed program to existing programs**

There is no PA Program and no PA-specific coursework offered at the present time at UNC-Chapel Hill. Applicants to the Master of Health Sciences-PA Program will require academic preparation for meeting admissions standards. Baccalaureate degrees and all courses needed as PA Program prerequisites, including biological sciences, mathematics, and chemistry, are offered at UNC-Chapel Hill in the College of Arts and Sciences. Staff in the health professions advising office will provide undergraduates with information about the new PA Program as they do for other upper division or graduate programs in the health sciences. The proposed PA Program is closely related to other health profession disciplines in the Department of Allied Health Sciences (DAHS). The similarity of missions, curriculum structure, faculty expectations, and administrative needs are closely aligned with those of the other divisions in the DAHS. As an example, administrative staff process contractual affiliation agreements with
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

clinical sites and process student applications for admission. There are student scholarships available in the DAHS for which PA students will be eligible.

While most courses in the PA Program are unique to PA, there is course content in other DAHS divisions which may be applicable, such as courses on research, aging, early intervention, developmental disabilities, and healthcare administration. An example of this is the need for instruction in the significance and effectiveness of laboratory tests, such as the detection of the abnormal cells that cause leukemia, the analysis of cardiac enzymes, and the identification of the type of bacteria causing an infection, which will be similar for students in the PA Program and in some of the Clinical Laboratory Science courses. Although it is possible that portions of existing courses could be adapted for use in PA courses, it is unlikely that entire courses could be shared due to differences in focus, depth, and breadth of teaching objectives among DAHS divisions.

Notwithstanding the challenges and opportunities that inter-professional learning presents, the UNC PA Program is committed to seeking out inter-professional learning opportunities in both the didactic and clinical phases. When academic calendars, class schedules, resources and appropriate course content can be arranged, PA students will take part in learning experiences with students in other professions, e.g., medicine, nursing, pharmacy, clinical laboratory sciences, physical therapy, etc.; however, the leadership of the UNC PA Program is fully cognizant of the challenges associated with inter-professional learning. While sharing courses across multiple disciplines could result in cost savings, the Program’s focus and attention will be to ensure that the PA students receive optimal instruction and that course content is appropriate for PA students.

The most closely related discipline to PA is the medical school MD curriculum; however, physician assistant studies are distinct in terms of content, depth, and breadth. Effective August 2014, the medical school implemented a new curriculum for medical students which incorporates less in-class time and more self-motivated online computer based learning. These changes increase the difficulty of collaboration between students in the PA Program and the medical students. After these changes have been successfully implemented in the MD Program, the PA Program hopes to engage in a dialogue with regard to course sharing, and ongoing discussions with the MD curriculum leadership continues. The most recent meeting with Dr. Julie Byerly, Vice Dean for Medical Education, and her team from the Office of Medical Education (OME), occurred on June 3, 2014. Discussions with this group have resulted in the sharing of medical school resources. For example, the PA Program will draw on the OME expertise and use One45, a web-based system used for managing clerkship and clinical rotation schedules, automated assessments and evaluations, patient logging and grade tracking. We have met with Dr. K Gilliland to discuss the use of shared anatomy lab facilities, particular the use of cadavers. Julie Messina, Director of Assessment, Clinical Skills and Patient Simulation Center (CSPC), has agreed to share the high fidelity simulation center and the standardized patient program with the UNC PA Program.

2. Faculty relationships involving the PA Program and other disciplines

Contributions from many faculty from a variety of academic disciplines at UNC-Chapel Hill will enhance the quality of instruction in the new PA Program.

Some courses in the PA curriculum will be taught entirely by faculty whose primary appointment is in other Health Affairs Schools or disciplines at UNC-Chapel Hill. For example, the Course Director/Coordinator for the four course sequence in Pharmacology and Therapeutics is a faculty member from the School of Pharmacy. All lectures in this sequence
will be taught by a core group of faculty from the School of Pharmacy.

Courses in the PA curriculum will rely on contributions from adjunct/instructional faculty drawn from the SOM, School of Pharmacy, School of Public Health, the DAHS, and other basic science disciplines. Most, if not all of these faculty participate in teaching activities within and outside of their schools/departments and are considered experts in their content area. To date, the PA Program Director has identified approximately 30 such experts. Meetings with department chairs and other faculty are still ongoing to establish additional relationships with the PA Program. Additional explanations of this teaching model and related Appendices are contained in Section IV below.

Dr. Chelminski, PA Program Director, has dual appointments in the DAHS and Department of Medicine. Dr. Daaleman, PA Medical Director, has a primary appointment in the Department of Family Medicine. Both faculty are thus well positioned to facilitate communication and collaboration between the PA Program and multiple relevant faculty and disciplines. Dr. Mary Beth McGranaghan is an Associate Professor and practicing PA, and will be joining the PA faculty in November of 2014 as the Academic Coordinator. An offer has been extended to a second PA faculty member who will serve as the Clinical Coordinator. The third faculty position will be divided between two practicing PAs within the UNC system.

3. Facilities

The SOM has provided dedicated classroom space for program use. Additional facilities needed for teaching, including larger lecture halls and laboratories, will be shared with other DAHS Divisions and departments in the School of Medicine. These facilities are centrally scheduled by a staff team in the Office of Information Systems (OIS) in the School of Medicine.

4. Other resources

Support staff members are shared within the DAHS. Services provided by the DAHS, including grant processing support, research advising services, maintaining contracts with clinical sites, student services such as scholarships and admissions, and business functions are centralized for the Department. For example, all student applications for admission are processed for all programs and DAHS Divisions by specialists trained in these student services.

Administrative duties for the PA program are divided among existing personnel within the DAHS and constitute one 1.5 FTE. Specific functions include:

- Office of Student Services: clinical contracts, student support, admissions, student placements and compliance 0.80 FTE
- Business Office, Business Services Coordinator: Processes payments and reimbursements for program and faculty; Accountant: Approves expenditures and reconciles accounts (clinical, trust, state tuition, grants and contracts) 0.5 FTE
- Office of Development and Communication, Communications Specialist 0.20 FTE
II. Justification for the Program – Narrative Statement  
A. Describe the proposed program as it relates to:  
1. Institutional mission  

The proposed Master of Health Sciences-PA Program is consistent with the missions of UNC-Chapel Hill, the School of Medicine (SOM), and the Department of Allied Health Sciences (DAHS). Multiple key points contained in the 2009 UNC-Chapel Hill mission statement are echoed in the mission statements of the SOM and DAHS. All are relevant to the proposal to plan a PA Program, and include themes of education and service to the citizens of North Carolina.

• To teach a diverse community of undergraduate, graduate and professional students to become the next generation of leaders (UNC-Chapel Hill mission statement)  
Through a commitment to educating military medics, The UNC-Chapel Hill PA Program will increase diversity of the healthcare workforce by inclusion of veterans. Many military medics are already experienced leaders who may be expected to continue leading in the civilian sector of healthcare provision. The addition of PAs to the current mix of students studying health professions, including medicine, nursing, nurse practitioners, and the many students enrolled in programs in the Department of Allied Health Sciences (DAHS) will increase diversity within the Division of Health Affairs. Disciplines in the DAHS include occupational and physical therapy, clinical laboratory science, speech language pathology, audiology, rehabilitation counseling, radiological science, human movement science, and sleep science. The new PA Program will increase diversity among the healthcare providers that are available to citizens of North Carolina.

A focus on education through “exemplary teaching” is also found in the mission statements of the DAHS and in the SOM’s focus on “excellence in educating tomorrow’s health care professionals.”

• To enhance access to learning and to foster the success and prosperity of each rising generation. (UNC-Chapel Hill mission statement)  
Access to an affordable PA Program will help enhance entrance to this professional field to students who may not have otherwise been able to afford the costs of attending a private institution. Six of the seven accredited PA programs in North Carolina are located in private institutions with associated high costs. The sole public institution offering a PA program, ECU, admits only 35 students per year, and our research suggests there is unmet demand which the proposed program will help to address (See section on Student Demand that follows).

• To extend knowledge-based services and other resources of the University to the citizens of North Carolina and their institutions to enhance the quality of life for all people in the State. (UNC-Chapel Hill mission statement)  
Preparing students for the PA profession offers the potential for increased access to primary care for the citizens of North Carolina. As many as 1 million residents lack access to primary care, a problem that is especially acute in rural areas. Currently, 6% of North Carolina counties have no active PAs, and 33% of counties report having fewer than two PAs per 10,000 residents. PAs are capable of providing primary care health services, and PA students will be assigned to at least one clinical site in an underserved area during the clinical year of the program. North Carolina also faces an increasing shortage of physicians practicing primary care, especially in rural areas of the State. Increasing the
supply of PAs who have had clinical rotations in rural area practices will help address this challenge.

Given the existing shortage of health care providers in NC and the anticipated increase in demand due to an aging population and implementation of the Affordable Care Act, we predict NPs, DNPs, and PAs will play complementary and synergistic roles resulting in an increased supply of both types of practitioners to help alleviate a shortage of primary care physicians. Furthermore, as the UNC DNP program is preparing nurses both for direct clinical practice and for executive roles in areas that support clinical practice, such as administration, organizational leadership, and health policy, we anticipate that a proportion of DNPs will assume leadership positions and will therefore be unavailable for direct clinical practice.

The table below provides information about the PA and NP professions.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PHYSICIAN ASSISTANT</th>
<th>NURSE PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Health care professionals licensed to practice medical care with physician supervision.</td>
<td>Registered nurses with advanced education and training in a clinical specialty who can perform delegated medical acts with physician supervision.</td>
</tr>
<tr>
<td>Philosophy/Model</td>
<td>Medical/physician model, disease centered, with emphasis on the biological/pathologic aspects of health, assessment, diagnosis, treatment. Practice model is a team approach relationship with physicians.</td>
<td>Medical/Nursing model, Biopsychosocial centered, with emphasis on disease adaptation, health promotion, wellness, and prevention. Practice model is a collaborative relationship with physicians.</td>
</tr>
<tr>
<td>Education</td>
<td>Affiliated with medical schools. Previous health care experience required; most require entry-level bachelor's degree. The program curriculum is advanced science based. Approximately 1000 didactic and over 2000 clinical hours. All PAs are trained as generalists- a primary care model and some receive post-graduate specialty training. Education is procedure and skill oriented with emphasis on diagnosis, treatment, surgical skills, and patient education. Currently, more than 80% of programs award Masters degrees and all are currently transitioning to the master’s level.</td>
<td>Affiliated with nursing schools. BSN is prerequisite; curriculum is bio-psycho-social based, based upon behavioral, natural, and humanistic sciences. Approximately 500 didactic hours and 500-700 clinical hours. NPs choose a specialty training track in adult, acute care, pediatric, women’s health or gerontology. Emphasis on patient education, diagnosis, treatment and prevention. Generally not trained for surgical settings and are not taught procedural skills. NPs generally have Masters degrees.</td>
</tr>
<tr>
<td>Certification/</td>
<td>Separate accreditation and</td>
<td>Nursing accreditation and multiple nursing</td>
</tr>
</tbody>
</table>
### Licensure

Certification bodies require successful completion of an accredited program and NCCPA national certification exam. NCCPA certification is the gold standard.

Certification agencies. Master’s Degree required to sit for exam. The national certification is voluntary and utilized for advanced nurse prescribers within their specialty training.

### Recertification

Recertification requires 100 hours of CME every 2 years and exam every 6 years with transition to 10 years. Recertification is comparable to family physicians. All PAs are licensed by their State Medical Board and the Medical Practice Act provisions.

Recertification requires 75 CEUs every 5-6 years. No exam is required. NP’s practice under their basic RN license under the Nurse Practice Act.

### Scope of Practice

The physician assistant scope of practice is defined by education and experience, state law, facility policy, and physician delegation. State laws allow physicians broad delegatory authority. This allows for flexible, customized team care. Any service the PA provides should be within their skill set, and within the skills of the supervising physician. A summary of State Laws and Regulations can be found at [http://www.aapa.org/PAlaws](http://www.aapa.org/PAlaws).

As Registered Nurses, NPs hold independent licenses to practice nursing. Individual state practice acts generally govern the rules and regulations under which NPs practice. Because practice acts are state specific, regulations for NP practice vary considerably from state to state. Thirteen states and the District of Columbia require no formal practice relationship between NPs and physicians. Other states require either a collaborative or supervisory relationship between NPs and physicians. To find out the specific rules contact the state’s Board of Nursing. Contact information can be found at the American Academy of Nurse Practitioners’ website, [www.aanp.org](http://www.aanp.org) or [www.acnpweb.org](http://www.acnpweb.org), under regulatory information.

### Third Party Coverage and Reimbursement

PAs are eligible for certification as Medicaid and Medicare providers, Commercial payer reimbursement is currently variable.

NP’s are eligible for certification as Medicaid and Medicare providers, and generally receive favorable reimbursement from commercial payers.

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The SOM mission statement includes, “provide superb care to North Carolinians and others we may serve” and “maintain our strong tradition of reaching underserved populations.” Furthermore, reference to “patient-centered clinical practice” is a key part of the DAHS mission. The addition of the PA program to the SOM and DAHS will enhance the ability to provide health care services that are focused on direct patient care. Primary care services in underserved rural and urban areas of North Carolina will be enhanced through the placement of PA students in clinical rotations.
5. Strategic plan

The proposed Master of Health Sciences-PA Program is in alignment with strategic planning as described in *Our Time, Our Future: UNC Strategic Directions for 2013 – 2018 (January 30, 2013).* The PA Program will contribute to **Goal 1**, setting degree attainment goals responsive to state need, by educating master’s level graduates able to address the needs of the North Carolina healthcare workforce. Data presented in the document indicate that the job sector requiring advanced degrees beyond the baccalaureate comprises the fastest growing job sector in North Carolina. Planning for a new PA Program also contributes to **Goal 3**, Serving the people of North Carolina. Overall, 70% of graduates of UNC system schools remain in the state, and it is likely that graduates of the PA Program will practice in North Carolina and address the need for primary care providers in many areas of the state.

The Master of Health Sciences-PA Program is also in alignment with strategic planning in the School of Medicine and Department of Allied Health Sciences for similar reasons. An additional aspect of the strategic plans of the SOM, to increase collaboration within the SOM, was facilitated through discussions centered on course sharing. Dr. Menezes, the initial UNC–Chapel Hill PA Program Director, met with Dr. Julie Byerley, Vice Dean for medical education, to initiate these discussions. Dr. Menezes also met with Dr. Debra Barksdale, Director UNC-Chapel Hill’s Doctorate in Nurse Practitioner (DNP) program. A quarterly meeting schedule was established to discuss mutual collaboration and opportunities for inter-professional education. Meetings were held with Dr. Terrence Kenakin, Department of Pharmacology, for similar purposes. These connections and ongoing meetings will be facilitated by the new PA Program Director, Dr. Paul Chelminski.

3. Student demand. Provide any update to the documented evidence of student demand presented in Appendix A.

Please note that the following data were obtained on May 22, 2014 and that it updates findings reported in Appendix A.

A review of enrollment data from four PA Programs in North Carolina provides one means of estimating potential student demand. The four programs for which admissions data are available on their websites are shown in the table below.

**North Carolina PA Program admissions data.**

<table>
<thead>
<tr>
<th>Institution</th>
<th># Applicants</th>
<th>#Accepted (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke University</td>
<td>1221</td>
<td>89 (7.3% of total applicants)</td>
</tr>
<tr>
<td>Elon University</td>
<td>1825</td>
<td>38 (2.1% of total applicants)</td>
</tr>
<tr>
<td>Methodist University</td>
<td>&gt;500</td>
<td>40 (max of 8% of total applicants)</td>
</tr>
<tr>
<td>Wingate University</td>
<td>657</td>
<td>45 (6.9% of total applicants)</td>
</tr>
<tr>
<td><strong>Total (across all 4)</strong></td>
<td><strong>4,203</strong></td>
<td><strong>212 (5.0% of total applicants)</strong></td>
</tr>
</tbody>
</table>

1 Class entering 2013 2 Previous trends

The UNC-Chapel Hill PA Program will enroll 20 new students per year. Because this is a two year program, after the first year the total PA student enrollment will increase to 40 students. At
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

inception, most programs have smaller student cohorts, which gradually increase in size over time. For example in the first five years of its inception (1967-71), the total student enrollment of the Duke PA Program numbered 71, with 15 new students entering each year. This is significantly lower than the current annual enrollment of 84 students. A smaller student body allows developing programs to address any initial difficulties that may arise. Student capacity for the UNC-Chapel Hill PA Program will be re-evaluated periodically, taking into consideration availability of clinical sites for student placements, campus teaching space, need for healthcare providers in North Carolina, student demand, and budget factors.

There were 4,203 total applications and 212 accepted students in one year across the four North Carolina programs shown in the preceding table. The calculated acceptance rate average is 5.0%. Based on this small sample, the unmet need of students for the PA degree (or excess student demand) is 3,991 students. Compared to data collected from the same universities for the year 2012 presented in Appendix A, Request for Authorization to Plan, the acceptance rate has decreased due to an increase in total number of applicants. It appears that student demand for PA studies remains consistently high and has possibly increased slightly over time. Although it is possible that not all of the PA applicants were qualified, it is probable that most were qualified because all PA student applications are processed through the Centralized Application Service for PAs (CASPA) which scrutinizes applications for completeness and eligibility. The Master of Health Sciences-PA Program at UNC-Chapel Hill is expected to enroll 20 students per class. The demand for PA education in North Carolina universities appears to far exceed the supply of places providing accredited educational programs. There exists a more than sufficient applicant pool in North Carolina to ensure adequate numbers of potential qualified students for our PA Program.

Nation-wide student enrollment data indicate that PA programs are consistently filled to near capacity. There were 146 programs responding to the most recent survey published by the Physician Assistant Education Association (PAEA). For enrollment in 2011 – 2012, accredited programs reported that on average they were filled to 94% of their first year student capacity. Seventy percent of programs reported that enrollment in 1st year courses was 100%. Other data from PAEA surveys reveal an upward trend in PA Program enrollment rates in recent years. It is anticipated that student demand for the Master of Health Sciences-PA Program at UNC-Chapel Hill will come in part from former military medics. In a national survey of Special Forces Military Sergeants (medics), 92% indicated they would like to pursue careers in healthcare after leaving the military. Approximately 50% of them stated they would like to become PAs. The survey was sent to 1221 soldiers through the Special Forces Medical Sergeant (SFMS) email listserv, and 243 responses were received. Another significant source of student demand will come from undergraduate students at UNC-Chapel Hill and other universities within the UNC System. In May 2012, approximately 350 students graduated with a baccalaureate degree in Biology from UNC-Chapel Hill. According to the “First Destination Survey of May 2007 Bachelor’s Degree Recipients,” approximately 46% of biology majors pursue further education. PA Program prerequisites commonly include multiple courses in biology, including physiology, anatomy, general biology, microbiology, and genetics. Due to the large number of biology courses needed to apply to PA programs, it is likely that many applicants major in biology as undergraduates.

A group of UNC-Chapel Hill undergraduates is in the process of forming The Carolina Pre-Physician Assistant Association. Dr. Menezes served as the faculty advisor to this group, and this will be assumed by Dr. Chelminski with the departure of Dr. Menezes. The group aims to
educate the campus community on the physician assistant profession and guide those pursuing this career. This organization gives students support throughout all stages of their undergraduate education by deciphering required coursework and aiding in preparation for the graduate school admission process. The physician assistant profession has seen tremendous growth and increased recognition in recent years, and this association gives its members a distinct advantage in this competitive field.

5. Societal demand and employability of graduates. Provide any update to the documented evidence of societal demand and employment opportunities presented in Appendix A.

The information provided here remains the most current available.

**Program's responsiveness to state, regional and national needs**

The need for healthcare services, and therefore healthcare providers, is increasing nationwide and across North Carolina. Concurrent trends and interrelated events are driving this increase, including an increasingly older population who require more healthcare services for chronic disease as they age. The number of insured individuals is expected to further drive up the demand for healthcare services due to enactment of the Affordable Care Act. At the same time, there is a need to reduce healthcare costs—a need which is expected to grow as a result of increased demand for services. The Master of Health Sciences-PA Program at UNC-Chapel Hill will help address these issues in the following ways.

- **Need to reduce healthcare costs**

Reducing healthcare costs is challenging in part because of the nature of healthcare delivery, including a dependence on highly educated practitioners and the demand for quality. Labor costs comprise the largest portion of healthcare expenses. Recently, the number of healthcare jobs has increased 12% over five years. One approach to reducing costs is to alter the labor mix in both qualitative and quantitative ways. Delegating some tasks assumed by doctors to physician assistants (PA), and then increasing the number of PAs is an example of this approach.

Between 1990 and 2001, the number of PAs relative to the number of primary care physicians increased, indicating that PAs were being increasingly employed to deliver healthcare. Increasing the supply of PAs in North Carolina will improve access to healthcare through a lower cost alternative to educating and employing increased numbers of medical doctors. This is because preparing a PA typically requires only two years of graduate education, compared to a minimum of four years post baccalaureate degree needed to prepare a medical doctor for entry level. Most physicians spend 3 – 8 years in residency programs after four years of medical school, while PAs are immediately employable upon graduation and acquiring state licenses.

According to data from the Bureau of Labor Statistics, salaries for PAs are typically about one-half of those earned by medical doctors. Therefore, employing increased numbers of PAs to deliver both basic and specialized health care will benefit the citizens of North Carolina through lower healthcare costs attributed to provider services.

- **Need to improve healthcare access**

As many as one million residents of North Carolina lack access to healthcare. This is especially true of people living in rural areas. One contributing factor is that fewer physicians are entering into or remaining in primary care practices in rural areas of North Carolina. The unmet need for
primary care and uneven distribution of need is also true on the national level where a shortfall of 65,800 primary care doctors is predicted by 2025. Presently, only 24% of new doctors trained in U.S. programs are going into primary care practice; however, the percentage varies widely across programs. In education programs with an emphasis on primary care, the percentage of physicians going into primary care is often much higher.\textsuperscript{18}

Educating PAs to practice in primary care has the potential to improve access to care in rural areas; however, the present supply of PAs does not meet current needs and is expected to remain insufficient over the next 15 years. In 2011, there were 3,881 PAs practicing in North Carolina, but the distribution of PAs across North Carolina was not uniform. Six counties employ no PAs, and 33 counties employ less than 2 per 10,000 population.\textsuperscript{17} Lower numbers of PAs are found in counties or portions of counties designated as persistent health professional shortage areas (PHPSA). The number of PAs per 10,000 population in PHPSA counties ranges from 0.5 to 1.7, compared to an average of 3.7 PAs per 10,000 population in non-PHPSA counties. Ten percent of North Carolina counties are designated as whole county PHPSA, and 31% of counties are designated as part-county PHPSA.\textsuperscript{17} Based on these data from 2011, it is clear that PAs are most highly needed in specific areas of North Carolina. By placing PA students in these rural areas for clinical courses (rotations), they will be encouraged to return for employment in primary care. In general, graduates of healthcare professions programs are frequently offered jobs in settings where they completed clinical rotations as students.

In 2011 there were 21.7 physicians per 10,000 population in NC, which is only slightly less than the national average of 22.8 per 10,000 population, suggesting that the NC physician supply is growing at a good pace. Where a physician completed a residency appears to be a good predictor of retention in NC. More physicians (46%) who completed a NC AHEC residency remained in North Carolina to practice compared to physicians (36%) who completed a non-AHEC residency.\textsuperscript{19} These AHEC trained residents were more likely to practice in rural areas as compared to non-AHEC trained residents.\textsuperscript{19}

UNC Family Medicine has a residency track with Piedmont Health Services in Caswell County (2 residents per year in 3-year program). Teaching health centers are community health centers (CHCs) that train physicians and other providers to provide care to vulnerable communities, such as those in disadvantaged and rural area. Partnerships between CHCs and academic programs – teaching health centers – have been proven to increase the primary care physician workforce in underserved health care settings. Participating residents are 3.4 times more likely to work in a CHC and 2.7 times more likely to work in an underserved health care setting than others.

While similar data for PAs in NC are unavailable, discussions to collect these data in the future are taking place between the Sheps Center and NC AHEC. Data available from the AAPA demonstrates that nationally PAs are helping to extend care to areas most in need: in 2010 about 17 percent of PAs practiced in rural areas.\textsuperscript{20} A survey of practicing PAs in Texas reported a relationship between completion of rural clerkships and rural practice choice; a larger percentage of those who chose rural starting practice had participated in a rural clerkship (22.3%) than those who had not participated in a rural clerkship (6.8%). Taken together, these data indicated that medical and PA students’ choice of practice area after graduation, in part, is influenced by location of clinical training clerkships.\textsuperscript{21}

In North Carolina, an estimated 1.5 million people live in areas that do not have access to health-care that effectively serves their communities, and the gap will continue to grow.\textsuperscript{22} The recently enacted Affordable Care Act will increase the number of people seeking care, expanding
the need for providers. In addition, aging health-care professionals are reaching retirement in increasing numbers.

The PA leadership team has reviewed and incorporated data provided by the Cecil G. Sheps Center for Health Services Research, a health services research center based at UNC, which describes the health care workforce needs in North Carolina with particular focus on primary care. In 2007, there were 416 medical graduates from the four medical schools in the state: Duke, Wake Forest, East Carolina, and UNC. In 2012, less than one-third (n=132) of the 2007 graduates remained in one of the four primary care specialties (Family Medicine, Pediatrics, General Internal Medicine, Obstetrics/Gynecology). Of greater concern are North Carolina state specific statistics which show the state retention rate for primary care practitioners in 2013 was only 14% (n=56) of the 2007 graduates. Furthermore, merely 5% (n=7) of these primary care practitioners provided care in the rural counties of the state. These results do not bode well for meeting the future primary care needs of the state, and increasing the number of well-trained PAs should serve to improve the state healthcare workforce.

**The Physician Assistant Experience in North Carolina.** As medical care providers, PAs have been essential during times of physician shortages and, historically, it was a lack of doctors in underserved areas that first spurred their creation. Once again, experts believe that the U.S. faces an insufficient number of physicians, with projections indicating that the supply will be unable to keep pace with demand. By 2025, a shortage of 124,000 primary care physicians is anticipated. Consequently, analysts have suggested that there will be an increased reliance on PAs, particularly for the delivery of primary care. Since such a low percentage of NC State’s medical graduates enter into and are retained in primary care settings, it seems likely that the state will need to depend on a steady if not increasing supply of PAs.

According to data made available from the American Academy of Physician Assistants in 2013, there were over 5,600 PAs in North Carolina. About 35.8% practice in primary care (defined as family medicine with and without urgent care, OB/GYN, general internal medicine, and general pediatrics). Since 2003 the number of PAs per 10,000 population in North Carolina has exceeded the national average (Fig 1). Equally encouraging is the geographic distribution and areas of practice of PAs. For every 100 physicians practicing in a county designated as a whole county persistent health professional shortage area (PHPHA) in 2009 there were 35.2 PAs, a substantial increase from 1990 when there were only 7 PAs per 100 physicians (Fig 2). In 2003, 82% of PAs practicing in whole county PHPHA were in family or general practice.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

It is clear that PAs are making important contributions to the health workforce in the state and the region. That said, the number of primary care physicians produced by NC medical schools remains low and appear
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

unlikely to meet anticipated demand. Having an additional supply of well-trained PAs as primary care providers is desirable. The result of increasing the numbers of PAs available to help staff the state’s primary care workforce as well as to promote and increase workforce diversity would bring benefits to the state’s citizens and health care institutions.

**PA Employment.** It should be noted that in 2003, while there were only 139 graduates from NC PA programs, 315 new PAs were added to the NC workforce. This suggests that the number of NC PA graduates did not meet workforce demand, and increasing the number of PA graduates from NC universities who are likely to continue to reside and practice in the state is reasonable and expedient.

According to the most recently published data from the Bureau of Labor Statistics (BLS), U.S. Department of Labor, as published in the 2012–2013 *Occupational Outlook Handbook*, employment of PAs is expected to grow 38% from 2012 to 2022. By contrast, the overall job growth for all other occupations in the USA is projected to be only 11% during this time period ([http://www.bls.gov/ooh/healthcare/physician-assistants.htm](http://www.bls.gov/ooh/healthcare/physician-assistants.htm)). This “much faster than average” growth of the PA profession reflects the increasing need for primary health care providers and PAs resulting from increasing numbers of physicians entering specialty areas of medicine and the cost-effectiveness of physician assistants. In fact, this growth may be even higher with the implementation of the Affordable Care Act. Thus, the number of PA employment opportunities, while currently ample, may be expected to increase dramatically in the near future.

Although a more recent study (post-2003) has not yet been published, there are considerable data to indicate that job opportunities for PAs in North Carolina are expected to be ample. In addition, workforce projections suggest an insufficient number of graduates from NC PA programs to meet current and future workforce demands. For example, a review of the indeed.com website on June 30, 2014 lists 1,927 currently open employment positions for PAs in North Carolina alone ([http://www.indeed.com/jobs?q=physician+assistant&l=north+carolina](http://www.indeed.com/jobs?q=physician+assistant&l=north+carolina)). The locations of the job openings range from large urban areas (Raleigh, Winston-Salem, Charlotte) to small cities (Statesville, Asheville) to small towns (Dunn, Warsaw, Siler City, Monroe, Wadesboro, Hertford). The open positions are clinically diverse, ranging from primary care to emergency medicine, surgery, orthopedics, and many other areas of medical practice. There are currently 46,227 open PA positions for the entire USA listed on the indeed.com website. Furthermore, there are 745 PA employment postings for the USA listed on the website of the American Academy of Physician Assistants (AAPA) as of June 30, 2014, with 35 of them located in NC ([http://www.healthcareers.com/aapa/search-jobs](http://www.healthcareers.com/aapa/search-jobs) accessed June 30, 2014). This listing, while less representative of overall employment opportunities, suggests the difficulty employers may face in filling some open positions. The fee for posting to the AAPA site for a period of 30 days is $395.00, while there is no charge to employers for posting on indeed.com.

It appears that North Carolina may be challenged to meet the need for PAs over the next decade as there are only 7 fully accredited educational programs for PAs in the state and an estimated total annual number of 368 PA graduates (Number of graduates was estimated from enrollment data reported on each program’s website). The number of annual graduates is in line with the number of initial PA licenses (397) reported for 2010 (most current year reported) by the NC Medical Board, although the number who actually remain in NC to practice post-graduation is unknown. It is probable that NC may need to “import” PAs from other states in order to fill available positions as was reported for 2003 and cited in a preceding paragraph in this section ([http://www.ncmedboard.org/data_articles/detail(initial Licenses_Approvals_in_2010](http://www.ncmedboard.org/data_articles/detail(initial Licenses_Approvals_in_2010)).
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

It is reasonable to conclude that future graduates of the UNC-Chapel Hill PA Program will be in high demand by health care employers across the state and, if projected workforce estimates hold, should be able to secure well-paying jobs upon graduation. According to the U.S. Bureau of Labor Statistics (BLS) (www.bls.gov), the average annual salary for physician assistants was $92,460 in 2012.

B. Provide any update to the discussion of similar degree programs and opportunities for collaboration presented in Appendix A. Discuss here the feasibility of a joint or collaborative degree program with one or more UNC institutions.

Only one institution in the University of North Carolina system, East Carolina University (ECU), offers an accredited PA program. The proposed PA Program at UNC-Chapel Hill will likely be similar in structure to ECU’s program as both are/will be accredited by the same organization, ARC-PA. A fundamental difference between the UNC and ECU PA programs is the UNC-Chapel Hill PA Program’s focus on enrolling and training former military medics and the existing close collaboration with Special Operations Forces at Ft. Bragg.

Despite the fact that ECU is located over 100 miles from Chapel Hill, every opportunity for sharing of resources between the two programs will be explored. During curriculum planning, courses or components of courses that might be taught in distance learning formats will be investigated. Over the last few months, Dr. Prema Menezes and the ECU Program Director, Dr. Alan Gindoff have had multiple phone discussions. Dr. Gindoff was invited and has accepted the invitation to be a member of the UNC PA program steering committee. These preliminary interactions have been highly favorable and Dr. Gindoff has stated by email to Dr. Menezes, “...I wish you well and am prepared to collaborate so that our 2 schools may prosper and provide outstanding clinicians to care for the people of North Carolina.”

By opening a second UNC system program, access of North Carolina residents to affordable PA programs will increase through the addition of 20 student positions per year. System-wide capacity for educating PAs will increase by 63%. (ECU accepts 35 students per year).

Establishing a second PA program in a NC public university affords NC students a financial advantage over enrolling in a private university. Other PA programs in North Carolina are housed in private universities, including Campbell, Duke, Elon, Methodist, Wake Forest, and Wingate, with tuition rates and associated costs being quite high. For example, the Duke University PA Program 2014 tuition is $38,095 for each of the two program years.

Below we present a comprehensive review of the UNC PA program tuition costs, the debt incurred and the ability of students to repay student loans based on projected income.

**Tuition Costs and Loan Repayment:** Tuition for the UNC PA Program in the first program year of 2016 is expected to be $22,000 for the first year and $24,500 for the second year. There is a $2,500 fee per year in addition to the tuition costs.

An estimate of total program expenses for PA students is shown on the following table. They are published on the PA Program website and are in line with those of other disciplines in the School of Medicine.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>First Year</td>
<td>Second Year</td>
</tr>
<tr>
<td>Tuition NC Resident</td>
<td>22,000*</td>
<td>24,500*</td>
</tr>
<tr>
<td>Tuition Non-Resident</td>
<td>44,000*</td>
<td>46,500*</td>
</tr>
<tr>
<td>Special Course Fees</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Lab Fees</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td></td>
<td><strong>Combined tuition &amp; fees, NC Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24,500</td>
<td>27,000</td>
</tr>
<tr>
<td></td>
<td><strong>Combined tuition &amp; fees, Non-Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>46,500</td>
<td>49,000</td>
</tr>
<tr>
<td>Room</td>
<td>14,162</td>
<td>14,162</td>
</tr>
<tr>
<td>Board</td>
<td>5,572</td>
<td>5,572</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>2,324</td>
<td>2,324</td>
</tr>
<tr>
<td>Travel</td>
<td>1,896</td>
<td>1,896</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>1,376</td>
<td>1,376</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6,496</td>
<td>6,496</td>
</tr>
<tr>
<td></td>
<td><strong>Total annual budget, NC Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>56,326</td>
<td>60,826</td>
</tr>
<tr>
<td></td>
<td><strong>Total annual budget, Non- Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>78,326</td>
<td>82,826</td>
</tr>
<tr>
<td></td>
<td><strong>Total program cost, NC Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>117,152</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total program cost, Non-Resident</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>161,152</td>
<td></td>
</tr>
</tbody>
</table>

*Anticipated increase of $2,500 per year in line with proposed SOM tuition increases

**UNCCH Graduate Loan Opportunities and Statistics**

Graduate students at all levels primarily fund their education using Federal Direct Loans to support part or all of their educational expenses while they are enrolled. As with other graduate programs at UNC Chapel Hill, admitted PA students may have undergraduate loan debt before matriculating in this program. CNN Money reported that as of December 2013, the average estimated undergraduate loan debt at graduation was around $29,400(4), and that 59% of North Carolina college students graduated with loan debt. Graduate students are eligible for up to $20,500 of a Federal Direct Unsubsidized Loan at the current rate of 6.21% for loans disbursed for
the upcoming 2014-15 academic year, and at 5.41% for loans taken out in the 2013-14 Academic Year. If the student chooses, they can also request Federal Direct Graduate Plus Loans to meet the remainder of their cost of attendance at a rate of (1) of 7.21%. These rates may change yearly based on legislative decisions (sources: Direct Loans and CNN Money).

**Funding for Veterans**

Students who are veterans may also benefit from resources available to them that would mitigate the costs of the PA program, based on the type of educational benefits they receive. Chapter 33 (Post-911 GI Bill) recipients are eligible for full tuition and fee payments, a housing allowance, and $1000 toward books. Active Duty students on Chapter 30 (Montgomery GI Bill) are eligible for full tuition and fees at the in-state rate, but no other benefits provided. The VA determines eligibility and the University Registrar certifies enrollment and tuition and fees (Source: VA Benefit Comparison Chart).

**State Assistance**

The NC State Education Assistance Authority offers the Forgivable Education Loan for Service (FELS) Program for NC Residents. Established by the North Carolina General Assembly in 2011, the Forgivable Education Loans for Service provides financial assistance to qualified students enrolled in an approved education program and committed to working in critical employment shortage professions in North Carolina. Physicians Assistants are considered as a critical employment shortage profession. For loan recipients, “One loan will be forgiven for one year of full time employment in a qualified position” in North Carolina. More information can be found at http://www.cfnc.org/fels/.

**Loan Debt and Repayment**

The projected debt for students with no outside support and who incur federal loans would be approximately $117,152 for an in-state resident and $161,152 for an out-of-state resident for a 2-year period. These estimates are based on the proposed cost of education listed in the table above. Non-residents can apply for residency, usually after one year, which may lower their tuition costs for the second year, and these adjustments have been factored into our budget projections. The estimated loan repayment amount on the extended repayment plan would approximate $747 per month for an instate resident, and $1021 per month for a non-resident. This is at an average interest rate of 6.8%. These rates can be lowered depending upon the type of repayment that a student chooses, and they can also pay off the loan early with no penalty. Students working for Federal agencies also have access to loan repayment assistance programs (source: Student Aid Loan Repayment Calculator). Furthermore, estimated loan repayment amounts do not account for any loan forgiveness arrangement and would likely be lower for students who take advantage of these programs.

**Post-graduation PA earnings**

The Bureau of Labor Statistics (BLS) has listed Physician Assistants as one of the fastest growing occupations for the years between 2012 and 2022(1). There is projected employment growth of 38.4% from 2012 to 2014 (2), with a median annual income estimated at $90,390 per year. Average annual PA salaries ranged from $88,680 to $92,810 in NC in 2013. A PA earning $90,000 annually would have a monthly gross income of $7,500 which would appear to support
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

monthly loan repayments of $747 for a NC resident graduate. Job outlook based on BLS data for the next 20 years is excellent for the PA profession, ensuring a dependable source of employment opportunities within the State for the future.

C. Enrollment (baccalaureate programs should include only upper division majors, that is, juniors and seniors).

Please indicate the anticipated first year and fourth year steady-state enrollment (head count) for the proposed program.

Year 1:  Full Time 20  Part-time 0  Total 20
Year 4:  Full-time 40  Part-time 0  Total 40

III. Program Requirements and Curriculum
A. Program Planning
1. List the names of institutions with similar offerings regarded as high quality programs by the developers of the proposed program.

The table below shows all fully accredited PA programs in NC. All demonstrate high quality by meeting ARC-PA accreditation standards.

<table>
<thead>
<tr>
<th>Sponsoring Institution in NC</th>
<th>Date First Accredited by ARC-PA</th>
<th>Date of Next ARC-PA Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke University Medical Center</td>
<td>9/1/1972</td>
<td>March 2018</td>
</tr>
<tr>
<td>Campbell University</td>
<td>3/4/2011</td>
<td>March 2021</td>
</tr>
<tr>
<td>East Carolina University</td>
<td>10/1/1996</td>
<td>September 2015</td>
</tr>
<tr>
<td>Methodist University</td>
<td>4/1/1996</td>
<td>September 2017</td>
</tr>
<tr>
<td>Wake Forest University-Bowman Gray</td>
<td>9/1/19972</td>
<td>September 2019</td>
</tr>
<tr>
<td>Wingate University</td>
<td>3/6/2008</td>
<td>September 2014</td>
</tr>
</tbody>
</table>

Source: [http://www.arc-pa.org/acc_programs/](http://www.arc-pa.org/acc_programs/)

The table below shows PA programs outside of NC. These are considered high quality by virtue of reputation within the PA community.

<table>
<thead>
<tr>
<th>Sponsoring Institution</th>
<th>Date First Accredited by ARC-PA</th>
<th>Date of Next ARC-PA Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory University</td>
<td>9/1/1972</td>
<td>March 2020</td>
</tr>
<tr>
<td>George Washington University</td>
<td>11/1/1972</td>
<td>September 2020</td>
</tr>
<tr>
<td>Medex Program, University of Washington</td>
<td>2/1/1973</td>
<td>September 2018</td>
</tr>
</tbody>
</table>

Source: [http://www.arc-pa.org/acc_programs/](http://www.arc-pa.org/acc_programs/)

2. List institutions visited or consulted in developing this proposal. Also discuss or append any consultants’ reports or committee findings generated in planning the proposed program.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

The PA Programs at Duke University, East Carolina University, and Campbell University were consulted during the planning stages of this proposal.

Campbell University: The program director and faculty at Campbell University have provided constant and ongoing support. The UNC Program has benefited from Campbell’s recent experience with the ARC-PA provisional accreditation application and process. We intend to maintain close and frequent contacts with Campbell, and have obtained evaluation instruments, admissions criteria, curriculum, lists of textbooks, and other valuable resources. A downside to this collaboration resulted in Campbell successfully recruiting a highly desirable faculty candidate from the UNC PA program.

Duke University: Pat Dieter, Chair, Duke PA program has shared her expertise as a PA educator and former ARC-PA commissioner and site visitor. Her assessment revolved around the early and critical need for demonstrable institutional support; curriculum development; and physical resources.

ECU: Drs. Gindoff and Menezes were in frequent contact and productive discussions have facilitated the development of the UNC PA student handbook. Additional information pertaining to faculty recruitment and hiring; expectations; teaching portfolio have been helpful in developing policies specific to UNC PA program faculty.

While we anticipate continuing these inter program collaborations after the UNC program becomes established, given our experience with losing a promising faculty candidate, we believe these collaborations must be tempered with caution.

B. Admission. List the following:

**Admission requirements**

Admission requirements for the proposed PA Program are consistent with ARC-PA Standards and those for other programs in the DAHS. They include:

1. Bachelor’s degree from a regionally accredited institution in the U.S. to be completed by the end of the spring semester prior to matriculation. No exception will be made to this requirement.
2. Recommended overall undergraduate GPA ≥ 3.0
3. Recommended prerequisite courses GPA ≥ 3.0 (see below)
4. GRE taken within 5 years of application.
5. Required and documented minimum of 1,000 hours of direct hands-on patient care experience. Examples of acceptable and unacceptable patient care experiences are shown below. This experience must be completed no later than Dec. 31 of the year prior to matriculation.

The median health care experience of PA Program matriculants for 2010-2011 was 1355 hours (IQR 446.5-3620), and the mean health care experience was 3350 hours\(^{st}\). The 27\(^{th}\) annual PAEA report (2010-2011) shows that 68 programs required health care experience; 59 programs preferred but did not require health care experience; and 20 programs did not require any health care experience. Most programs did not place a time limit on when the experience was obtained. A review of these program requirements and recognition of the important contribution of prior health care experience to the overall PA student experience contributed to our decision to require 1000 hours of direct patient contact as a prerequisite for admission. We chose not to restrict our applicant pool by placing a time limit on when the experience was obtained.
Prior healthcare experience is important for PA students for many reasons. Most PA programs are approximately two years in length. During this short period of time, students have an enormous amount of information to digest, rotations to experience, and skills to acquire. Given the obvious time constraints of PA school, prior patient care experience is essential. Upon starting PA education, having the most basic skills of patient interaction already in place will make the rigors of PA education easier.

6. Three letters of recommendation. Preference is given to applicants with two out of three letters from clinicians (e.g., PAs, Nurse Practitioners, MDs, DOs). No personal recommendations are accepted.

7. Completion of all prerequisite coursework by Dec 31st prior to the year of matriculation. One pending prerequisite course is permitted if completed by May 31st before matriculation with a Grade of C or higher.

8. Meet the Physician Assistant Program Technical Standards for Admission, Progression, and Graduation (Appendix E: Technical Standards). Each applicant is expected to review completely the Technical Standards and sign a statement that she/he has read, understood, and met them.

Examples of acceptable hands-on patient care experience relevant to admissions include:

- Clinical Nutritionist/Dietician
- Clinical Research Assistant
- Emergency Medical Technician/Paramedic
- Military Medic including Special Forces Medics
- Radiological or Laboratory Technologist
- Nursing (CNA, LPN, RN)
- Physical Therapist
- Physical Therapy Assistant
- Respiratory Therapist
- Technician (EKG/Monitor, ER, Lab, Ophthalmologic, Pharmacy, Radiology, Surgery)

Examples that do not qualify as hands-on patient care experience include:

- Any clinical experience while serving in a student capacity (e.g., student nurse, student EMT, student athletic trainer), volunteer positions (e.g., greeter in hospital/clinic), wilderness medicine instructor, patient transporter, ski patroller, life guard, aerobics instructor, unit clerk, insurance clerk, medical secretary or other clerical position

9. Admissions considerations for veterans:
   - The PA Program is committed to recruiting and matriculating students from veterans with medical training and in particular Special Forces Medical Sergeants. Veterans will undergo an admissions process that recognizes and provides additional credit for medical service while in the military.
   - Prerequisite courses should have been completed within 10 years of matriculation into the PA program with grades “C” or better for qualified military medical personnel with documentation of deployment outside the US in the prior 10 years.
   - For qualified military medical personnel serving tours of duty outside the US the onsite face-to-face interview may be conducted through other face-to-face technologies (e.g., Skype).
   - The PA Program has thoughtfully considered and rejected the notion of a fixed number of slots to be reserved for medical military veterans. This is done with anticipation that in the next few years significant numbers of qualified veterans will muster out of the military. Limiting the number of slots might result in hampering flexibility and denying admission to qualified applicants. Consideration was also given
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

to longevity and sustainability of the applicant pool. In the 1960’s Dr. Eugene Stead, founder of the PA Program, believed the ideal candidate for an intensive two-year curriculum as someone with prior health care experience, as in the military medical corps. From 1967-76 close to 50% of PA students were medical corpsmen, but this fell to <1% from 1992-2000 as the number of qualified applicants significantly decreased.

- Medical and other health professions schools employ admission algorithms to score components of the admissions process. For example the personal statement component of an application may carry a score of 0-10 and an applicant might score 5. Individual scores for the different components are summarized to arrive at a composite score. Applicants are ranked based on their composite scores. The UNC PA program is in the process of developing such an algorithm. We anticipate one component to be “military medical service” wherein applicants with this credential will gain an extra score. Furthermore, when reviewing two applicants with identical composite scores preference may be given to the applicant with a background in military medical service.

- Veterans will receive recognition for their unique experiences when assessed for admissions to the program; however, no PA Program academic credit or course reduction will be granted to former military medics based upon their field experience.

Prerequisite Courses

All prerequisite work must be completed at a regionally accredited college or university in the U.S. The program will not accept transfer credit. Prerequisite courses should have been completed with a grade of “C” or better. It is strongly recommended, but not required, that all prerequisite courses be taken within the last seven years. See table below for a list of prerequisite courses.

<table>
<thead>
<tr>
<th>Prerequisite Courses</th>
<th>Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy and Physiology – Lecture and Lab</td>
<td>2 semesters or equivalent</td>
</tr>
<tr>
<td>Genetics</td>
<td>Recommended</td>
</tr>
<tr>
<td>General Biology</td>
<td>2 semesters or equivalent</td>
</tr>
<tr>
<td>General Chemistry or higher with Lab</td>
<td>2 semesters or equivalent</td>
</tr>
<tr>
<td></td>
<td>(Prefer biochemistry or organic chemistry as one of the courses )</td>
</tr>
<tr>
<td>Microbiology</td>
<td>1 semester</td>
</tr>
<tr>
<td>Population Science (e.g. Introduction to Sociology or Psychology or Epidemiology)</td>
<td>1 semester or equivalent</td>
</tr>
<tr>
<td>Statistics/Biostatistics</td>
<td>1 semester or equivalent</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

2. Documents to be submitted for admission (listing or attach sample).

Applicants for admission will submit:
- A Completed application which includes a personal statement
- Transcripts for all colleges and universities attended (or still attending)
- GRE scores
- Form attesting to meeting of PA Program Technical Standards
- Description of patient care experience (including military medical service)
Appendix C.  Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

○ 3 letters of recommendation

C. Degree requirements. List the following:

1. Total hours required. State requirements for Major, Minor, General Education, etc.

   The total hours required for completion of the MHS-PA degree is 94 credit hours. All credits must be earned by taking and passing all courses in the PA curriculum. While enrolled students “major” in the PA discipline, there are no minors or general education courses within the PA curriculum. Courses must be taken in sequence. There is only 1 section per course offering each term. Only students admitted to the PA Program may enroll in PA courses.

2. Other requirements (e.g. residence, comprehensive exams, thesis, dissertation, clinical or field experience, "second major," etc.).

   **Residency**
   Full-time study is required for 4 consecutive semesters plus 4 summer terms during which time students must take and pass all courses in the PA curriculum for graduation. Clinical field experience is a required component of the courses in the second program year. It is arranged and assigned by the program faculty and announced to students in advance. Students are expected to travel (typically by car) to clinical sites.

   **Comprehensive Examination**
   After completing all courses in the final summer session of the program, students will take a comprehensive summative evaluation which will comprise three assessments: a comprehensive written examination (the PACKRAT), multiple clinical skills assessments (CSA), and one or more Objective Structured Clinical Examination (OSCE(s)) using standardized patients. Students must obtain a passing grade of P or higher on all three components of the comprehensive summative evaluation to be eligible for graduation.

   If a student does not meet defined performance expectations in any one of the three components of the comprehensive summative assessment, the student may be offered remediation. A student who does not meet defined performance expectations in any two of the three components of the comprehensive summative assessment will not be eligible for remediation and will not be able to graduate from the program.

   **Research/Thesis/Dissertation**
   There is no research requirement for this master’s degree program and, therefore, there is no thesis or dissertation requirement for graduation.

For graduate programs only, please also list the following:

2. Proportion of courses open only to graduate students to be required in program

   Enrollment in PA courses is limited to admitted full-time students only. Courses may not be taken by undergraduates or graduate students in non-PA programs.

3. Grades required
The grading system to be used by the program (H, P, L, F, IN) will be consistent with that of graduate programs at UNC-Chapel Hill. Students are required to achieve minimum grades of P in didactic and clinical courses in order to progress through the curriculum and to graduate.

Remediation: Any student who has earned 1) a course grade of F at any time during the program will be dismissed; 2) a unit grade of F will be considered for remediation as outlined below. Successful remediation must occur for the student to continue and advance in the program; 3) two course grades of L, and has satisfactory grades in all other courses in the curriculum, will receive consideration by the faculty for the option of remedial work for that student. Successful remediation must occur for the student to continue and advance in the program.

The opportunity to undertake remedial work is a privilege and is not automatically granted. The following factors will be considered in determining whether or not a remedial option is possible:

1. The student’s performance in all other courses.
2. The availability of the faculty member to supervise and conduct the remedial work.
3. The availability of resources.
4. The amount of time needed for the student to achieve competence.
5. The course sequence and or supervised clinical practice experience (SCPE). For example, it may not be possible to correct a deficiency in a pre-requisite course before the next course in the sequence.

After considering these factors and the student’s overall record, the faculty will decide whether a student will be offered remediation or will be dismissed from the program.

Students will be informed of the faculty’s decisions regarding dismissal or remediation in writing. If the student chooses to undertake remedial work, he or she must notify the program director within 10 days of the receipt of the letter describing the remediation. The original course grade will not change as a result of this remedial work.

If remediation is deemed impossible, if the student chooses not to undertake remedial work, or if the remediation is not successfully completed within the specified period of time, the student will be dismissed from the program.

If a student wishes to appeal a dismissal decision, he or she must initiate the appeal process within 20 calendar days of the date of receipt of the dismissal letter. There is a policy for appeal of student dismissals for the DAHS which may be found at: [http://www.med.unc.edu/ahs/student-services/appeals%20policy-updated%2012-13-2011.pdf](http://www.med.unc.edu/ahs/student-services/appeals%20policy-updated%2012-13-2011.pdf).

During the clinical year after each SCPE, students will undergo consideration for remediation as outlined above within the following guidelines:

- End of Rotation Exam (EOR) = Grade F; Preceptor evaluation = Grade P: consider for remediation as outlined above.
- EOR Exam = Grade L; Preceptor evaluation = Grade L: On 2 SCPEs consider for remediation as outlined above.
- EOR Exam = Grade F; Preceptor evaluation = Grade F: review for dismissal

4. Amount of transfer credit accepted
Transfer credit from any other physician assistant programs will not be accepted toward completing the course requirements of the UNC-PA Program.

Nationally, PA programs are subject to the same standards and guidance provided by the ARC-PA and the PAEA; however, each program applies these standards differently. Courses are taught at different times of the academic year with some courses building on previous ones; the content of courses varies; frequently course content is influenced by the program’s mission and goals, with some programs being focused on primary care, emergency medicine, or generalist PAs. Therefore, transferring credit either due to sequencing or content concerns will not be permitted and this is the practice followed at most PA programs.

5. Language and/or research requirements

There are no requirements for independent research in the PA curriculum. Fluency in a language other than English is not required.

6. Any time limits for completion

It is anticipated that barring exceptional circumstances, all students will complete the program within the required 24 months. If a student experiences unforeseen circumstances, such as personal or family illness, and as a result is unable to complete the program within the requisite 24 months, the student will undergo faculty committee review. Each case will be evaluated on an individual basis. Arrangements may be made for additional time needed for course completion at the discretion of the committee. Please note that laboratory and clinical courses have highly complex scheduling requirements and may be difficult or impossible to make up if missed.

D. For all programs, list existing courses by title and number and indicate (*) those that are required. Include an explanation of numbering system. List (under a heading marked “new”) and describe new courses proposed.

All courses listed on the table below are new courses and all are required for graduation from the PA Programs’ M.H.S. There are currently no existing courses in this discipline at UNC-Chapel Hill.

Course numbers were chosen to be consistent with the UNC-Chapel Hill course numbering system in which courses ranging from 700 to 899 are reserved for graduate courses. The Prefix MHS was chosen to reflect the degree awarded. Courses numbered 700 are taken in the first year of the PA Program and those numbered 800 are taken in the second year of the program.

<table>
<thead>
<tr>
<th>New PA Course</th>
<th>MHS Course #</th>
<th># Credits</th>
<th>Term Taken 1st year</th>
<th>Format</th>
<th>Course Coordinator/ Faculty of Record</th>
<th>Guest Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy*</td>
<td>701</td>
<td>4</td>
<td>Fall</td>
<td>Lecture &amp; Lab</td>
<td>Academic Coordinator</td>
<td></td>
</tr>
<tr>
<td>Physiology*</td>
<td>702</td>
<td>2</td>
<td>Fall</td>
<td>Lecture &amp; Lab</td>
<td>Faculty #3</td>
<td>R Swanstrom</td>
</tr>
<tr>
<td>Basic Medical Sciences*</td>
<td>703</td>
<td>2</td>
<td>Fall</td>
<td>Lecture</td>
<td>Academic Coordinator</td>
<td>L Howie, R Swanstrom, S Joseph, M Miller</td>
</tr>
</tbody>
</table>
### Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
<th>Semester</th>
<th>Type of Instruction</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Clinical Medicine I</em> (Cardiology, Infectious Diseases, Hematology/Oncology, Pulmonology)</em>*</td>
<td>710</td>
<td>Fall</td>
<td>Lecture, OSCEs, Standardized Patient (SPs), small groups</td>
<td>J Nelson E Sickbert-Bennett</td>
</tr>
<tr>
<td><strong>Diagnostic Methods I</strong>*</td>
<td>713</td>
<td>Fall</td>
<td>Lecture &amp; Lab</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Pharmacology and Therapeutics I</strong>*</td>
<td>711</td>
<td>Fall</td>
<td>Lecture</td>
<td>A Corbett B Shilliday D Williams</td>
</tr>
<tr>
<td><strong>History and Physical Diagnosis I</strong>*</td>
<td>704</td>
<td>Fall</td>
<td>Lecture &amp; Simulation Lab</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Professional Practice and the Health System I</strong></td>
<td>705</td>
<td>Fall</td>
<td>Lecture</td>
<td>A Eichholz A Lawless M Pineiro</td>
</tr>
<tr>
<td><strong>Total credits spring 1st year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Medicine II * (Nephrology, Neurology, HEENT, Endocrinology, Obstetrics/Gynecology)</strong></td>
<td>720</td>
<td>Spring</td>
<td>Lecture, OSCEs, SPs, small groups</td>
<td>C Hurt A Drake F Hudson B White L Rahangdale C Vanderhorst L Howie M Mcleaster A Liles</td>
</tr>
<tr>
<td><strong>Fundamentals of Surgery</strong></td>
<td>724</td>
<td>Spring</td>
<td>Lecture &amp; Lab</td>
<td>B Cairns M Friend</td>
</tr>
<tr>
<td><strong>Patient Assessment I</strong>*</td>
<td>722</td>
<td>Spring</td>
<td>Simulation Lab, SPs</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Diagnostic Methods</strong></td>
<td>723</td>
<td>Spring</td>
<td>Lecture &amp; Lab</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Pharmacology and Therapeutics II</strong>*</td>
<td>721</td>
<td>Spring</td>
<td>Lecture</td>
<td>A Corbett</td>
</tr>
<tr>
<td><strong>Behavior Medicine</strong></td>
<td>725</td>
<td>Spring</td>
<td>Lecture</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Evidence Based Medicine</strong></td>
<td>726</td>
<td>Spring</td>
<td>Lecture &amp; small groups</td>
<td>K Faurot K Faurot</td>
</tr>
<tr>
<td><strong>Professional Practice and the Health System II</strong></td>
<td>727</td>
<td>Spring</td>
<td>Lecture</td>
<td>Faculty #3</td>
</tr>
<tr>
<td><strong>Total credits fall 1st Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em><em>Clinical Medicine III</em> (Pediatrics, Geriatrics)</em>*</td>
<td>730</td>
<td>Summer Session I</td>
<td>Lecture, OSCEs, SPs, small groups</td>
<td>S Hooper W Mills M Mcleaster A Liles</td>
</tr>
<tr>
<td><strong>Pharmacology and Therapeutics III</strong>*</td>
<td>731</td>
<td>Summer Session I</td>
<td>Lecture</td>
<td>A Corbett</td>
</tr>
<tr>
<td>New PA Course</td>
<td>MHS Course #</td>
<td>Credits</td>
<td>Term Taken 2nd year</td>
<td>Format</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------</td>
<td>---------</td>
<td>---------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Elective I*</td>
<td>800</td>
<td>4</td>
<td>Fall</td>
<td>Supervised Clinical Practice experience</td>
</tr>
<tr>
<td>Elective II*</td>
<td>801</td>
<td>4</td>
<td>Fall</td>
<td>Supervised Clinical Practice experience</td>
</tr>
<tr>
<td>Emergency Medicine*</td>
<td>803</td>
<td>4</td>
<td>Fall</td>
<td>Supervised Clinical Practice experience</td>
</tr>
<tr>
<td>Evidence Based Medicine*</td>
<td>804</td>
<td>4</td>
<td>Fall</td>
<td>Lecture &amp; small groups</td>
</tr>
</tbody>
</table>

**Total credits, Fall 2nd year**: 16

<table>
<thead>
<tr>
<th>New PA Course</th>
<th>MHS Course #</th>
<th>Credits</th>
<th>Term Taken 2nd year</th>
<th>Format</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine*</td>
<td>805</td>
<td>4</td>
<td>Spring</td>
<td>Supervised Clinical Practice experience</td>
<td>A Hannapel T Daaleman</td>
</tr>
<tr>
<td>General Surgery*</td>
<td>806</td>
<td>4</td>
<td>Spring</td>
<td>Supervised Clinical Practice experience</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td>Internal Medicine*</td>
<td>807</td>
<td>4</td>
<td>Spring</td>
<td>Supervised Clinical Practice experience</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td>OB/GYN*</td>
<td>808</td>
<td>4</td>
<td>Spring</td>
<td>Supervised Clinical Practice experience</td>
<td>Clinical Coordinator</td>
</tr>
</tbody>
</table>

**Total credits, Spring 2nd year**: 16

<table>
<thead>
<tr>
<th>New PA Course</th>
<th>MHS Course #</th>
<th>Credits</th>
<th>Term Taken 2nd year</th>
<th>Format</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics*</td>
<td>809</td>
<td>4</td>
<td>Summer Session I</td>
<td>Supervised Clinical Practice</td>
<td>William Mills</td>
</tr>
</tbody>
</table>

Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

<table>
<thead>
<tr>
<th>Total credits SS I 1st Year</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry*</td>
<td>810</td>
</tr>
<tr>
<td>Summer Session II</td>
<td>4</td>
</tr>
<tr>
<td>Supervised Clinical Practice experience</td>
<td></td>
</tr>
<tr>
<td>Clinical Coordinator</td>
<td>Beat Steiner</td>
</tr>
</tbody>
</table>

| Total credits SS II 1st Year | 4 |
| Total Program Credits        | 94 |

*course required for graduation

IV. Faculty
A. (For undergraduate and master’s programs) List the names, ranks and home department of faculty members who will be directly involved in the proposed program. The official roster forms approved by SACS may be submitted. For master’s programs, state or attach the criteria that faculty must meet in order to be eligible to teach graduate level courses at your institution.

The table below summarizes the faculty position needed for the PA Program as specified by the ARC-PA Standards.

<table>
<thead>
<tr>
<th>Faculty Position/Rank</th>
<th>Individual</th>
<th>Home Department</th>
<th>FTE (%)</th>
<th>Date To Be Hired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director, Professor</td>
<td>Paul Chelminski, M.D.</td>
<td>Allied Health Sciences and Medicine</td>
<td>100</td>
<td>On board</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Timothy Daaleman, D.O.</td>
<td>Family Medicine</td>
<td>20</td>
<td>On board</td>
</tr>
<tr>
<td>Principal Faculty 1, Assistant professor</td>
<td>Mary Beth Mary Beth McGranaghan</td>
<td>Allied Health Sciences</td>
<td>100</td>
<td>November 2014</td>
</tr>
<tr>
<td>Principal Faculty 2, Assistant professor</td>
<td>To be hired</td>
<td>Allied Health Sciences</td>
<td>100</td>
<td>Fall 2014</td>
</tr>
<tr>
<td>Principal Faculty 3, Assistant professor</td>
<td>To be hired</td>
<td>Allied Health Sciences</td>
<td>100</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Adjunct Instructors</td>
<td>To be hired, approximately 14/year paid</td>
<td>Varies</td>
<td></td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Adjunct Instructors</td>
<td>To be hired, unpaid</td>
<td>Varies</td>
<td></td>
<td>Summer 2015</td>
</tr>
</tbody>
</table>

**Principal Faculty**

The institution hired Prema Menezes, PhD, PA-C, to serve as the founding Program Director; however, she abruptly announced her departure in September month to accept the Associate Director position at the Medical University of South Carolina. We were fortunate to subsequently hire a new founding Program Director, Dr. Paul Chelminski. Dr. Chelminski received his MD at UNC SOM in 1995 and he is board certified in Internal Medicine. He also holds a Masters in Public Health from UNC. He currently is a Clinical Associate Professor, with appointments in the Department of Medicine and the Department of Pharmacy. He also is the Residency Program Director for Ambulatory Education in the UNC Department of Medicine. Dr. Chelminsky is highly immersed in the academic culture at UNC and is well connected with the various academic resources at UNC. He also is widely published in various aspects of medicine and he...
is a prolific presenter/teacher in the medical school curriculum and the larger community. He is well suited to accept the reins of the founding PA Program Director.

Timothy Daaleman, DO, MPH, Professor and Vice Chair of the Department of Family Medicine, has been named as the Program’s Medical Director. Dr. Daaleman is a former Robert Wood Johnson Foundation Generalist Physician Faculty Scholar and has received funding from the National Institute on Aging, the John A. Hartford Foundation, and the Fetzer Institute. Dr. Daaleman is a member of the Community of Scholars at the Duke Center for Spirituality, Theology, and Health, a trustee of the Mushett Family Foundation, and has served on advisory boards at the Harvard Center for the Study of World Religions, the Park Ridge Center for the Study of Health, Faith, and Ethics, the United Methodist Health Ministry Fund. As required by the ARC-PA guidelines, Dr. Daaleman will devote 20% time to supporting the UNC PA Program.

The Academic Coordinator faculty position has been filled by Mary Beth McGranaghan. Mary Beth is a seasoned PA who currently works with the community-based program, Doctors Making House Calls. She also was a Chemistry Professor at Chestnut Hill College in Philadelphia and quite active in the academic community at that time. In addition to her area of expertise in geriatrics and hospice care, she brings significant experience to the development of the academic components of our PA Program.

The PA program is actively seeking to hire two additional FTEs to serve in faculty roles—one full time and two half-time. The full time position for Clinical Coordinator is being advertised through UNC human resources to PA professional organization websites (Appendix F: PA faculty position descriptions), and we are hoping to make an offer within the next few months. The two .5 FTE positions will be recruited from within the UNC system. These principal PA faculty will be appointed as fixed-term faculty at the Assistant Professor rank in the DAHS in the SOM. We are in the process of recruiting the two .5 positions and they should be in place by January of 2015.

All three principal faculty members will spend approximately 80% of time devoted to didactic, administrative, and other activities in support of the PA Program, with the remaining 20% being devoted to clinical activities in the UNC hospital system and/or community. In addition, after the Program has matriculated its first class, plans are in place to explore hiring additional full time faculty.

**Adjunct Instructors**

The PA Program is in the process of recruiting instructors in a number of the basic science departments and across the SOM. Instructors will be those who are qualified to teach by virtue of credentials (Doctoral or master’s degree, specialty boards, and others) and possess expertise in subjects such as anatomy, physiology, pharmacology, genetics, pathology, and clinical medicine. The instructors will be part-time and be either within or external to the institution. Instructors who give no more than 1 – 2 lectures per year will not be paid as this is considered to be a service as part of their primary position within the SOM. All instructors must be committed to the education of PA students. It is expected that these instructors will be responsible for giving a limited number of lectures in their respective disciplines. Instructors who give more than 2 lectures or lab sessions will be paid as adjuncts.

Didactic courses in which multiple lecturers (instructors) are assigned will be under the direction of a full-time faculty member designated as the course coordinator. The course coordinator will be responsible for all aspects of course design, planning, and execution, including preparing a syllabus with learning objectives, scheduling the lecture or laboratory sequence and instructors, requesting classrooms or
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

laboratory space, student and course evaluation, and submitting grades. The course coordinator will be the faculty member of record. For many courses, the course coordinator will be one of the three Principal Faculty shown on the table above. For some courses, a full-time faculty member from another department at UNC-Chapel Hill may be designated as course coordinator.

A partial list of faculty teaching assignments is shown on the New Course Table in Section III. D. Please note that courses are not as yet fully developed pending the hiring of additional principal faculty.

B. (For doctoral programs) List the names, ranks, and home department of each faculty member who will be directly involved in the proposed program. The official roster forms approved by SACS may be submitted. Provide complete information on each faculty member’s education, teaching and research experience, research funding, publications, and experience directing student research including the number of theses and dissertations directed.

(Not applicable to this application.)

C. Estimate the need for new faculty for the proposed program over the first four years. If the teaching responsibilities for the proposed program will be absorbed in part or in whole by the present faculty, explain how this will be done without weakening existing programs.

As shown on the preceding Table and discussed in A, a total of three new full time faculty members at the Assistant Professor rank or higher on fixed-term appointments will be required for the PA Program by the time it is fully operational; i.e., before matriculation of the first class. The new principal faculty members will teach PA courses and also serve as course directors for clinical and didactic courses.

Instructors (numbers to be determined) from a wide variety of disciplines in the SOM will be recruited for giving limited numbers of lectures or teaching lab sessions.

D. Explain how the program will affect faculty activity, including course load, public service activity, and scholarly research.

All fixed term faculty members in the SOM are expected to exhibit excellence and scholarly productivity in one of the four areas: scholarship of discovery; scholarship of integration; scholarship of application; and scholarship of teaching. A fifth area of excellence and scholarship recognized for non-tenure track faculty is scholarship of administration and service.

V. Library

A. Provide a statement as to the adequacy of present library holdings for the proposed program to support the instructional and research needs of this program.

The UNC Health Sciences Library (HSL) is the primary library for the UNC-CH Schools of Dentistry, Medicine, Nursing, Pharmacy, Public Health, and UNC Hospitals and will be a valuable resource for PA students and faculty. It has 448,316 total volumes, and provides access to 8,186 serial titles, 14,893 e-books, and 207 databases. Through the campus-wide library system, users have access to a total of 6,436,590 volumes, 996,453 e-books, 109,831 serial titles, and hundreds of databases, including PubMed Medline, CINAHL, Web of Science, Clinical Key, Google Scholar, HAPI: Health and Psychosocial Instruments, Cochrane Library, PsychiatryOnline, ERIC, Mental Measurements Yearbook with Tests in Print, PILOTS, PsycINFO, PsycARTICLES, PsycTESTS, Scopus, Social Work Abstracts, Sociological Abstracts, Ethnographic Video Online, and Counseling and Therapy in Video, and Counseling and Psychotherapy Transcripts, Client Narratives, and Reference Works. Faculty (including fieldwork supervisors), staff, and students
can access electronic resources from home. A total renovation of the library building was completed in early 2005. The Health Sciences Library is now fully wireless and equipped with 60 public computer workstations, 20 small group study rooms, 2 teaching labs with a total of 45 workstations, 3 video-conference facilities, a collaboration center, two well-equipped public conference rooms, and a coffee shop. Total seating capacity of the Health Sciences Library is now 633. The Health Sciences Library is conveniently located immediately adjacent to Bondurant Hall where the PA Program will be housed.

Additionally, the Health Sciences Library is a Resource Library for the National Network of Libraries of Medicine, vigorously participating in national and international interlibrary loan consortia, which allows the library to borrow materials quickly from other libraries around the nation and the world.

Within Allied Health Sciences, a wide variety of searchable databases are available as well as journals, writing guides, citation resources, and multimedia resources. Dedicated librarians, including our dedicated liaison librarian Dr. Renner, provide comprehensive resources and assistance to students on information competencies, including access to and use of information resources for evidence-based practice. She and other librarians and library staff are available to consult with faculty and students on evidence-based literature searching, evaluation of search results, methods of dissemination tailored to diverse audiences, and other topics. Dr. Renner and other librarians are always available to meet with students individually to assist them with the literature review when they are developing their master’s papers, projects, or theses.

The resources of the HSL are expected to meet the needs of PA students in all courses in the curriculum. Because the HSL currently supports the MD, nursing, allied health disciplines, and many others, it is well positioned to address the needs of PA students and faculty for courses which address the basic medical sciences, practice of medicine, and the psychosocial subjects.

There is also electronic access through the HSL to two journals specifically for physician assistants. The two journals cited below address professional practice issues such as licensure, certification, and others.

- *Journal Of The American Academy Of Physician Assistants*
- *Journal of Physician Assistant Education*
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

B. State how the library will be improved to meet new program requirements for the next four years. The explanation should discuss the need for books, periodicals, reference material, primary source material, etc. What additional library support must be added to areas supporting the proposed program?

As the PA curriculum is further refined, course coordinators will conduct a review of journal subscriptions and other holding in the HSL. Additional resources specific to PA courses will be requested if needed. The Health Sciences Library holdings, including reference books and periodicals, along with online resources publicly available, appear at this time to be adequate to meet the needs of the majority of courses in the PA Program. It is likely that only minimal additional resources will need to be purchased. Journals which may be added include those addressing professional practice issues such as licensure, certification, and others.

C. Discuss the use of other institutional libraries.

It is expected that the Health Sciences Library located on UNC-Chapel Hill’s campus will be the primary library used by PA students. All campus libraries are available for use if needed. Through cooperative agreements, UNC Chapel Hill users also have access to additional collections and services available from nearby libraries, including those of the Triangle Research Libraries Network (TRLN), including Duke University, North Carolina Central University, and North Carolina State University. Students, faculty, and staff may also use the libraries of the statewide 17-campus University of North Carolina system.

VI. Facilities and Equipment
A. Describe facilities available for the proposed program.

This table summarizes facilities needed by the PA Program.

<table>
<thead>
<tr>
<th>Facility needed</th>
<th>Dedicated / shared</th>
<th>Seating Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>Dedicated</td>
<td>20</td>
</tr>
<tr>
<td>Teaching labs (for student practice--not research)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gross Anatomy</td>
<td>Shared</td>
<td>20</td>
</tr>
<tr>
<td>• Diagnostic methods</td>
<td>Shared</td>
<td>20</td>
</tr>
<tr>
<td>• Physical diagnosis</td>
<td>Shared</td>
<td>20</td>
</tr>
<tr>
<td>• Surgical skills</td>
<td>Shared</td>
<td>20</td>
</tr>
<tr>
<td>Faculty offices (4)</td>
<td>Dedicated</td>
<td>1</td>
</tr>
<tr>
<td>Medical Director office (1)</td>
<td>Dedicated</td>
<td>1</td>
</tr>
<tr>
<td>Program Director office (1)</td>
<td>Dedicated</td>
<td>1</td>
</tr>
</tbody>
</table>

Classrooms

It is anticipated that PA students will spend approximately 5 hours each morning in the classroom in each semester of the first program year. There are 8 required courses in the spring and 8 in the fall. Each of the 16 courses has a lecture component. Classrooms will also be required for teaching 6 courses that will be held in the Summer Sessions. Students will spend a minimum of 5 hours each morning in the classroom for Summer Sessions.

All of the lecture courses in the first year of the program will be held on campus in a dedicated classroom situated in Medical School Wing B. The classroom is sufficiently large to accommodate the proposed 20 PA student cohort. Importantly, the classroom has been allocated with consideration of future expansion of the cohort size.
As the need arises, the PA program can and will utilize other classroom facilities available within the SOM. These include the small group lecture rooms (n=15) in Bondurant Hall. Bondurant Hall has 13 seminar rooms (each seating 20), 2 classrooms each holding 50 students, and a 120-seat auditorium. MacNider Hall has meeting space consisting of seminar rooms, a lecture hall, and 7 classrooms. Additional lecture rooms in the SOM are also available for use and these include: 10 in Berryhill Hall, 2 in Burnett Womack, and 2 in Medical School Wings. For larger groups, such as those comprising inter-professional students, the SOM has access two lecture rooms: MBRB (seats 500; the other holds 200), Old Clinic Auditorium (seats 400), Bondurant G100 (seats 120), and MacNider 321 (seats 70). All of these lecture rooms are located within the medical school campus in close proximity to Medical Wing B.

**Teaching Laboratories**

It is anticipated that PA students will spend approximately 3 hours each afternoon in a teaching laboratory in each semester of the first program year. There are 3 required courses in the fall, 3 courses in the spring, and 1 in the summer sessions that each have a laboratory component. Laboratory teaching space has been identified to meet the needs of most of the courses.

- **Clinical Skills Laboratory:** Berryhill Hall houses the Clinical Skills and Patient Simulation Laboratory. It will be needed for teaching physical examination skills, conducting standardized patient examinations, and administering OSCEs. The 5,000 sq. ft. facility houses 15 fully functioning patient examination rooms, a 25-person simulation suite, a 30-person classroom, and a 15-person small group classroom. The 2 classrooms are separated by a retractable air wall, allowing it to expand to a 45-person classroom. Students are taught procedural skills and teamwork training in the simulation suite, which hosts an array of high and low fidelity simulators. Students practice patient encounters in the examination rooms using standardized patients (SP). OSCEs are administered in the center and recorded using the B-Line Clinical Skills System. B-Line video records each room using two cameras and records all digital data entered by the student, the SP, and faculty graders. The application is web-based, allowing for post exam review and scoring. Live monitoring and student evaluation is available to faculty in the 15-station monitoring room. An adjacent simulation facility is used for specialized simulation training for surgery. This facility is presently used by MD students and students in other health professions. It is anticipated that the PA Program will schedule classes in this facility 1-2 times each week of fall and spring, semesters and for some part of each summer session.

- **Gross Anatomy Laboratory:** This facility in Berryhill Hall is currently used by MD students and students from other disciplines including Physical Therapy, Occupational Therapy, Radiology, and Pharmacy. This is a shared resource that will be used for teaching PA students primarily in the spring semester.

- **Diagnostic Methods Laboratory:** Wet laboratory space will be required to teach basic medical laboratory skills, including test performance and specimen collection, such as performed in physicians’ offices as well as basic radiology procedures. With the assistance of Dr. Kurt Gilliland, Assistant Dean of Curriculum, the PA Program will be incorporated into existing space in Berryhill Hall. This space is currently not set up for radiologic instruction, but the PA Program, Dr. Gilliland, and SOM leadership will work toward modification to address this need.

- **Surgical Skills Laboratory:** Space is needed to teach the basics, such as suturing, required for the surgery courses in the PA Program. It will be needed 1-2 times each week during both semesters. It is unclear where these skills are presently being taught to MD students.
Appendix C.  Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

Offices

The PA Program faculty will require a total of 6 dedicated offices in Bondurant Hall; one office each for the program director and the principal faculty; and one shared office for the medical director and adjunct faculty. Space for an administrative assistant also has been secured. These offices have been secured in Bondurant Hall, with the plan to move the entire PA Program into a suite on the third floor of Bondurant Hall where additional space will be available for secure storage of student files and other documents, and private space for student counselling.

Clinical Sites

The UNC Health Care System (HCS) will provide the majority of clinical sites for the program. The HCS comprises 10 hospitals of which 5 (North Carolina Children’s Hospital, North Carolina Memorial Hospital, North Carolina Neurosciences Hospital, North Carolina Women’s Hospital and the North Carolina Cancer Hospital collectively referred to as UNC Hospitals) are located on the main UNC campus in proximity to the SOM and the DAHS. UNC Hospitals are the cornerstone of UNC Health Care and there is sufficient capacity to include the number of students anticipated for the PA program.

A Master Affiliation agreement between UNC Hospitals and UNC SOM is in place. This agreement covers supervised clinical experiences at UNC hospitals to include emergency medicine, family medicine, general internal medicine, obstetrics/gynecology, pediatrics, psychiatry, and surgery.

A Master Affiliation agreement between Chatham Hospitals and UNC SOM is in place. This agreement covers supervised clinical experiences at Chatham Hospitals in the area of family medicine and emergency medicine.

PA students will be required to do one rotation in a medically underserved area. These sites will be identified and recruited using the North Carolina Area Health Education System (NC AHEC). The mission of the NC AHEC Program is to meet the state’s health and health workforce needs by providing educational programs in partnership with academic institutions, health care agencies, and other organizations committed to improving the health of the people of NC. Two of the nine AHEC regional offices, Greensboro AHEC, which is where UNC is located and the adjacent Wake AHEC, will identify and develop existing sites for use by the PA students. Existing site agreements will be modified to include PA students.

B. Describe the effect of this new program on existing facilities and indicate whether they will be adequate, both at the commencement of the program and during the next decade. (Need to say something about potential for expansion of program over 10 years. If desirable, will additional space be needed?)

The SOM has identified a dedicated classroom space for the PA program which is large enough to incorporate the initial 20 student cohort and has room for expansion.

Identifying shared teaching laboratory space, while challenging, is moving forward. Ongoing discussions for use of a shared anatomy laboratory and wet laboratory space are moving forward smoothly. Julie Messina, Director of the Clinical Skills and Patient Simulation Laboratory, has indicated there is the possibility of scheduling PA students on some days. The status of scheduling classes for surgical skills instruction is still being determined.

Based on the considerations outlined above, we believe that current space satisfactorily addresses most of the basic teaching and laboratory needs of the PA curriculum. Additional space needs for
didactic and practical instruction is sure to increase if enrollment in the PA Program increases over the next 10 years and into the future.

C. Describe information technology and services available for the proposed program.

The School of Medicine’s Office of Information Services (OIS) provides information technology support for faculty, staff, and administrators in the SOM and DAHS through centralized computer services and information systems resources such as web servers, email, and others.

Students receive support from the UNC-Chapel Hill Information Technology Services (ITS). Services include email accounts and a help line. ITS also supports the Sakai learning system. Faculty can establish online course resources, including posting course materials and evaluation instruments. Email and courses posted to Sakai may prove especially useful to PA students, faculty, and clinical preceptors during the second (clinical) year when students may be assigned to health care facilities which are not located on UNC-Chapel Hill’s campus.

D. Describe the effect of this new program on existing information technology and services and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

It is expected that the information technology services provided by ITS and OIS will meet the needs of the PA Program in the future. The PA Program is campus based and is not a distance education format, so there is little need for specialized online learning tools.

VII. Administration

Describe how the proposed program will be administered, giving the responsibilities of each department, division, school, or college. Explain any inter-departmental or inter-unit administrative plans. Include an organizational chart showing the "location" of the proposed new program.

The PA Program will be housed in the SOM which provides broad administrative oversight of financial issues, policies and actions related to faculty appointments, promotions, and tenure, and faculty post-tenure reviews. The PA Program is being organized under the new Division of Physician Assistant Studies in the existing Department of Allied Health Sciences (DAHS), School of Medicine. Currently there are six Divisions in the DAHS, all offering master’s degrees, with some awarding doctoral and baccalaureate degrees as well. The PA Program Director reports to the Associate Dean and Chair of the DAHS. Biweekly meetings of all Division Directors and the Associate Dean Chair of DAHS are held, and the Associate Dean and Chair has played an active role in development of the PA Program. The Associate Dean and Chair of DAHS reports to the Dean of the School of Medicine. The School of Medicine also has Vice Deans and Executive Associate Deans who provide guidance on educational, clinical, and research issues. The DAHS Associate Dean and Chair attends regular meetings with these administrators in the Dean’s Office. The SOM Dean and Associate Deans have played active roles in PA Program development as stated in various sections of this application.

Major administrative functions of the Division of Physician Assistant Studies include: ensuring compliance with accreditation standards and academic policies of the DAHS, SOM, and University, establishing policies on academic integrity and standards of professional behavior; establishing and maintaining courses in the curriculum; monitoring student achievement in all courses; preparing reports evaluating program effectiveness; selecting, hiring, and supervising faculty; and representing the Division at meetings of the DAHS. The PA Program Director serves
as the Division Director and will participate in the larger management of the DAHS once the PA Program is established. The Medical Director provides consultation on curricular issues.

The DAHS Office of Student Services collects student applications for admissions, communicates with potential applicants, processes applications, and refers completed applicant files to the Division for action and decisions. The office of student Services also verifies that admitted students are in compliance with programmatic requirements for immunizations and criminal background checks and clears students for graduation. The DAHS provides all business functions for the Division including purchasing, contracts, budgets, and other related financial matters. Research and grant support is handled at the departmental level. The DAHS also establishes department wide academic policies on student grievances and appeal processes and others.

(Appendix G: School of Medicine organizational chart; Appendix H: DAHS organizational chart)

VIII. Accreditation and Licensure

A. Where appropriate, describe how all licensure or professional accreditation standards will be met, including required practica, internships, and supervised clinical experiences.

The PA Program is being developed by close adherence to the accreditation standards published by ARC-PA. The Process of Accreditation is not static, but requires discrete steps explained in other sections of this application. Furthermore, accreditation status must be updated periodically. Supervised clinical practice is required of PA students as prescribed in the ARC-PA Standards, B3.01-3.07 (4th Ed.), and will take place in the second year of the PA Program.

The second year of the PA Program consists of predominantly clinical education in which students enroll in 10 courses that are conducted at health care institutions. Learning activities are experiential, and student must take and pass a variety of graded assessments to evaluate mastery of skills in the psychomotor, cognitive, and affective domains. Clinical placement assignments are made by Program faculty and announced to students well in advance. All students will be placed at a variety of clinical sites, including rural and urban locations. Identified clinical preceptors will be assigned to supervise PA students on site. Course coordination and oversight is provided by PA Program faculty in consultation with staff at the clinical sites.

The PA Program has clinical affiliations with North Carolina Children's Hospital, North Carolina Memorial Hospital, North Carolina Neurosciences Hospital, North Carolina Women's Hospital and the North Carolina Cancer Hospital (collectively referred to as UNC Hospitals) which are located on the main UNC campus in close proximity to the School of Medicine and the Department of Allied Health Sciences. People from all 100 North Carolina counties and throughout the Southeast are patients at UNC hospitals’ 803-bed facility. Over 37,000 patients are treated each year. The PA program has sought and obtained preliminary agreements for providing clinical education sites for PA students from UNC Hospitals in the areas of Family Medicine, General Medicine (Cardiology, Diabetes Care, Endocrinology and Metabolism, Gastroenterology and Hepatology, Geriatric Medicine, Hematology and Oncology, Infectious Diseases, Nephrology and Hypertension, Pulmonary/Critical Care Medicine, and Rheumatology, Allergy & Immunology), OB/GYN, Pediatrics, Emergency Medicine, Psychiatry, and Surgery. The PA Program is currently developing affiliations with other clinical rotation sites: Mission Hospitals, Inc., Asheville; Carolinas Medical Center, Charlotte; Central Regional Hospital, Butner; Moses Cone Health System, Greensboro; and WakeMed Health and Hospitals, Raleigh.

All content of the PA Program curriculum’s didactic courses is also under preparation or has been
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

prepared according to the ARC-PA Guidelines. A chart prepared for the accreditation review shows the correspondence of the ARC-PA Guidelines for instructional areas to the new PA Program curriculum (Appendix I: Clinical Preparatory Instruction).

B. Indicate the names of all accrediting agencies normally concerned with programs similar to the one proposed. Describe plans to request professional accreditation.

The sole professional accrediting agency for physician assistant programs is the Accreditation Review Commission on the Education for the Physician Assistant, Inc. (ARC-PA).

A formal letter of request for entry into the provisional accreditation process for a new Physician Assistant program was submitted by Dr. Lee McLean, former Chair of DAHS, in November 2011 and was accepted by the Accreditation Review Commission on the Education for the Physician Assistant, Inc. (ARC-PA). Following on this formal acceptance there are three major steps. In the first step the program is required to prepare and submit a feasibility study to ARC-PA. The feasibility study examines the institution’s ability to deliver effective PA education based on available resources, careful planning and the need for a program in the local, regional and/or national area. The feasibility study was submitted on March 14, 2014. The second step involves the completion of an application to ARC-PA which will be prepared and submitted by February 2015. The third and final step involves a site visit by a team representing ARC-PA and is scheduled for May 17-18, 2015. Upon successful completion of each step, comprehensive review by ARC-PA, and a favorable outcome, the PA Program will be granted provisional accreditation in September of 2015. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the Accreditation Standards for Physician Assistant Education© (Standards) published by the ARC-PA. A timeline of activities related to the accreditation process is appended. (Appendix D)

C. If the new degree program meets the SACS definition for a substantive change, what campus actions need to be completed by what date in order to ensure that the substantive change is reported to SACS on time?

(not applicable to this application)

D. If recipients of the proposed degree will require licensure to practice, explain how program curricula and title are aligned with requirements to “sit” for the licensure exam.

The actions described in Section VIII A above insure that graduates of the UNC PA Program will be eligible for professional certification from NCCPA by taking the PANCE Exam. Students who take and pass the PANCE are then eligible for state licensure, but must apply. Only licensed PAs may practice in North Carolina. PA Licenses to practice (and those for certain other professions) are administered by the North Carolina Medical Board. The summary below is from the Board’s website.27

“The following outlines the necessary requirements for (PA) licensure. Failure to submit required information may result in delays.

- **Application:** Chronological information beginning with high school, questions and applicant’s oath
- **Citizenship:** A photocopy of a birth certificate, valid and unexpired U.S. passport or a statement regarding immigration status is required. Whichever may apply.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

- A photocopy of documentation of a legal name change (if applicable)
- Education verification: Must be completed by the PA program. The form can be sent by email to pa@ncmedboard.org.
- Verification of NCCPA certification.
- Three reference forms: One must be from a physician and the others must be completed by peers.
- Authority for Release of Information form: Required prior to sending fingerprint cards to the SBI.
- Federation of State Medical Boards Data Bank Report: Requested if it has been more than six months since the PA degree was awarded.
- Continuing Medical Education: Required if the applicant is not certified by the NCCPA.
- Fee: $242.75 (application, background check and databank reports)
- Personal interview when indicated.

Application credentials and fee are good for one year. If the applicant is not issued a license within the year and chooses to reapply, he or she will be required to resubmit all application credentials and an additional application fee.

IX. Supporting Fields

Discuss the number and quality of lower-level and cognate programs for supporting the proposed degree program. Are other subject-matter fields at the proposing institution necessary or valuable in support of the proposed program? Is there needed improvement or expansion of these fields? To what extent will such improvement or expansion be necessary for the proposed program?

It is expected that most applicants to this master’s degree program will hold the baccalaureate degree in biology or another related field such as chemistry, public health, or psychology. This is because most degrees in the sciences include those courses needed as prerequisites for PA Programs. UNC-Chapel Hill has established and well recognized majors in the biological sciences in the Department of Biology in the College of Arts and Sciences. Biology is one of the most popular undergraduate majors, and each year produces as many as 350 graduates. Many graduates are interested and qualified to pursue a health related career through further studies.

This PA Program does not specify the discipline in which the baccalaureate degree is earned, so applicants with degrees in a variety of disciplines may apply as long as they have satisfied the PA Program prerequisites. UNC-Chapel Hill offers all of the prerequisite courses for the PA Program.

There is no need for improving or enhancing the supporting fields of study at UNC-Chapel Hill. Prerequisites may also be taken at other universities in the UNC System, and some courses are offered at community colleges in the state.

X. Additional Information

Include any additional information deemed pertinent to the review of this new degree program proposal.

XI. Budget

A. Complete and insert the Excel budget template provided showing incremental continuing and one-time costs required each year of the first four years of the program. Supplement the template with a budget narrative for each year.

Four fiscal years are outlined on the budget tables below. As requested, these four fiscal years include the first year in which students are enrolled (January 2016), and the subsequent three program years.
**ALLIED HEALTH SCIENCES**  
**PA PROGRAM**

### SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

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<tr>
<th>INSTITUTION</th>
<th>UNC CHAPEL HILL</th>
<th>DATE</th>
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#### Additional Funds Required - By Source

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<th>Other New Allocations: Gift Endowment funds, Special Course Fees, Clinical Income</th>
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**TOTAL ADDITIONAL COSTS**  
$1,135,009  
$117,181  
$104,141  
$451,309  
$462,378  
$1,135,009

**Narrative:**  
*OSCE, Simulation Labs, Standardized patients, Medstar, Data Management*
SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

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<tr>
<th>INSTITUTION</th>
<th>DATE</th>
<th>Degree(s) to be Granted</th>
<th>Projected annual FTE students</th>
<th>Projected annual differential tuition</th>
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ADDITIONAL FUNDS REQUIRED - BY SOURCE

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<th>Projected Campus Tuition Based Tuition</th>
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<th>Other New Allocations: Gift Endowment funds, Special Course Fees, Clinical Income</th>
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<td>EPA/SPA Regular Salaries</td>
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**Differential tuition remainder**

*OSCE, Simulation Labs, Standardized patients, Medstar, Data Management
### SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

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<tr>
<th>INSTITUTION</th>
<th>DATE</th>
<th>2-Dec-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNC CHAPEL HILL</td>
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<td>Projected Year (YR3 2017-18)</td>
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<td>Degree(s) to be Granted</td>
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### ADDITIONAL FUNDS REQUIRED - BY SOURCE

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Narrative:
*OSCE, Simulation Labs, Standardized patients, Medstar, Data Management*
### Summary of Estimated Additional Costs for Proposed Program

**Institution:** UNC Chapel Hill  
**Program (CIP, Name, Level):** 12/Physician Assistant / Masters  
**Degree(s) to be Granted:** Master of Health Sciences  
**Program Year:** YR4 (2018-19)  
**Projected annual FTE Students:** 40  
**Projected annual differential tuition:** $756,225  
**Percent differential tuition for financial aid:** 15%  
**Differential tuition remainder:** $642,791.25  
**85%**

#### Additional Funds Required - By Source

<table>
<thead>
<tr>
<th>Year 4 Budget</th>
<th>Reallocation of Present Institutional Resources</th>
<th>Projected Differential Tuition (85%)</th>
<th>Projected Campus Based Tuition</th>
<th>Enrollment Increase Funds - Expansion Budget Proposal</th>
<th>Other New Allocations: Gift Endowment funds, Special Course Fees, Clinical Income</th>
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<td><strong>EPA/SPA Regular Salaries</strong></td>
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**Narrative:**
*OSCE, Simulation Labs, Standardized patients, Medstar, Data Management*
## ALLIED HEALTH SCIENCES: PA PROGRAM | PROPOSED TUITION

Proposed Program Budget - Breakdown by Cohort; Campus based tuition; School based tuition

<table>
<thead>
<tr>
<th>Cohort</th>
<th>FY 15-16</th>
<th>FY 16-17</th>
<th>FY 17-18</th>
<th>FY 18-19</th>
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<td>FY 16-17 total</td>
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### SUMMARY:

- **Increase of $2500/year**
- **Total tuition includes Fall, Spring and Summer**

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<th>Non-Resident</th>
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<tbody>
<tr>
<td>FY 15-16</td>
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<tr>
<td>FY 18-19</td>
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### CREDIT HRS - SUMMER

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<td>Summer tuition yr3</td>
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12/4/20148:24 AM
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

Year 1 Budget Narrative (FY 2015-2016)
Note that Year 1 represents a program year that is devoted to serving the first group of admitted students in their first year of the Program. This cohort will include 20 students and it is estimated that we will have 18 in-state students and 2 non-resident students. The students will matriculate in January of 2016. Total estimated costs for the 2015-2016 fiscal year are $1,135,009.

Expenses
Personnel expenses include full salaries and benefits for the required faculty including: Director, Medical Director, and three professors. Additionally, the program will require funding for designated course directors in the curriculum, and the required full time administrative staff person. As we prepare for the site visit, ongoing program consultation also will be required as we work towards provisional approval of the program in September of 2015. Our estimated personnel costs for the 2015-2016 fiscal year are $889,909.

Non-Personnel Expenses include the funding for the necessary laboratories, annual accreditation dues, advertising and marketing for the new program, instructional equipment, and computer support with OIS. Given our planned outreach into the communities, we have included AHEC housing costs for our students, professional development/travel for faculty and students, and support for our community-based preceptors. Our estimated non-personnel costs for the 2015-2016 fiscal year are $245,100.

Income
The PA Program will be funded from multiple sources. Income for fiscal year 2015-2016 is estimated to be $683,700. A gift from Blue Cross and Blue Shield of North Carolina (BCBS) provided ongoing support for program start-up, and this will be the final year of this money. We also will have tuition revenue, with rates of $22,000 (Campus Based Tuition = $8,693; Differential Tuition = $13,307) for residents and $44,000 (Campus Based Tuition = $25,904; Differential Tuition = $18,096) for non-residents, and all faculty will be asked to generate 20% of their salary and benefits via clinical income either in the UNC Hospital System and/or in the community. Additionally, we have requested special course fees ($500 x 20 students = $10,000). This special course fee will generate revenue to support the additional costs of materials and supplies for the necessary anatomy and diagnostic classes associated with the Physician Assistant Program. Specifically, the special course fee will assist with payment for lab supplies (e.g. urinalysis test strips, blood glucose monitors, lancets, phlebotomy equipment, microscopes, pen lights, tongue depressors, gloves simulation labs, etc.). Additionally, we will persist in our efforts to develop gifts to this program from interested donors.

It is important to note that any difference between our expenses and our income, which is estimated to be approximately $451,309 for fiscal year 2015-2016 will be covered in accordance with the attached letter from the Provost in Appendix J. As requested, we have included this amount on the Enrollment Increase Funds-Expansion Budget Proposal line of the table below.

Scholarships/Student Aid
We are pleased to have already have begun a scholarship program that was seeded by the BCBSNC contract money where they required the PA Program to save $100,000 each year for scholarships and student aid. In addition to the $100,000 for 2015-2016, we will generate an additional amount of money from our School-Based Tuition at a rate of 15%.
Year 2 Budget Narrative (FY 2016-2017)

Year 2 represents a program year that is devoted to serving the first group of admitted students in their first year of the program (n = 20) and recruiting our second cohort (n = 20), for a total of 40 students. Combined, we estimate that these 40 students will include 33 in-state students and 7 non-resident students. Total estimated costs for the 2016-2017 fiscal year are $1,454,342.

Expenses

Personnel expenses include full salaries and benefits for the required faculty including: Director, Medical Director, and three professors. Additionally, the program will require funding for designated course directors in the curriculum, and this number doubles in the second year due to increase in the overall number of students. The required full time administrative staff person also is included along with an addition .5 FTE to assist in Student Support Services. Our estimated personnel costs for the 2016-2017 fiscal year are $1,022,498.

Non-Personnel Expenses include the funding for the necessary laboratories, annual accreditation dues, advertising and marketing for the new program, computer support with OIS, and instructional equipment. This latter expense increases in year 2 due to the increase in the number of students. Given our planned outreach into the communities, we have included AHEC housing costs for our students, professional development/travel for faculty and students, and support for our community-based preceptors. This latter expense increases in the second year given the increased number of students enrolled in the program. Our estimated non-personnel costs for the 2016-2017 fiscal year are $431,844.

Income

The PA Program will be funded from multiple sources. Income for fiscal year 2016-2017 is estimated to be $835,380. We will have tuition revenue, with rates of $24,500 for residents (Campus Based Tuition = $8,693; Differential Tuition = $15,807) and $46,500 for non-residents (Campus Based Tuition = $25,904; Differential Tuition = $20,596). These increases have been requested by the School of Medicine and we will increase the PA Program tuition in accordance with the School of Medicine tuition. All faculty will be asked to generate 20% of their salary and benefits via clinical income either in the UNC Hospital System and/or in the community. Additionally, we have requested special course fees ($500 x 40 students = $20,000). This special course fee will generate revenue to support the additional costs of materials and supplies for the necessary anatomy and diagnostic classes associated with the Physician Assistant Program. Specifically, the special course fee will assist with payment for lab supplies (e.g. urinalysis test strips, blood glucose monitors, lancets, phlebotomy equipment, microscopes, pen lights, tongue depressors, gloves simulation labs, etc.). Additionally, we will persist in our efforts to develop gifts to this program from interested donors.

It is important to note that any difference between our expenses and our income, which is estimated to be approximately $618,962 for fiscal year 2016-2017 will be covered in accordance with the attached letter from the Provost in Appendix J.

Scholarships/Student Aid

We are pleased to have already have begun a scholarship program that was seeded by the BCBSNC contract money where they required the PA Program to save $100,000 each year for scholarships and student aid. In addition to the $100,000 for 2016-2017, we will generate an additional amount of money from our School-Based Tuition at a rate of 15%.
Appendix C.  Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

Year 3 Budget Narrative (FY 2017-2018)
Year 3 represents a program year that is devoted to serving the students in the first (n = 20) and second years (n = 20) of the program for a total of 40 students. Combined, we estimate that these 40 students will include 35 in-state students and 5 non-resident students in the Fall Semester; and 30 in-state students and 10 non-resident students in the Spring Semester. Total estimated costs for the 2017-2018 fiscal year are $1,501,567.

Expenses
Personnel expenses include full salaries and benefits for the required faculty including: Director, Medical Director, and three professors. Additionally, the program will require funding for designated course directors in the curriculum in accordance with year 2. The required full time administrative staff person also is included along with an addition .5 FTE to assist in Student Support Services. Our estimated personnel costs for the 2017-2018 fiscal year are $1,057,066.

Non-Personnel Expenses include the funding for the necessary laboratories, annual accreditation dues, advertising and marketing for the new program, computer support with OIS, and instructional equipment. This latter expense is consistent with year 2 costs. Given our planned outreach into the communities, we have included AHEC housing costs for our students, professional development/travel for faculty and students, and support for our community-based preceptors. This latter expense is in concert with year 2 costs. Our estimated non-personnel costs for the 2017-2018 fiscal year are $444,501.

Income
The PA Program will be funded from multiple sources. Income for fiscal year 2017-2018 is estimated to be $1,158,925. We will have tuition revenue, with rates of $27,000 for residents (Campus Based Tuition = $8,693; Differential Tuition = $18,307) and $49,000 for non-residents (Campus Based Tuition = $25,904; Differential Tuition = $23,096). These increases have been requested by the School of Medicine and we will increase the PA Program tuition in accordance with the School of Medicine tuition. All faculty will be asked to generate 20% of their salary and benefits via clinical income either in the UNC Hospital System and/or in the community. Additionally, we have requested special course fees ($500 x 40 students = $20,000). This special course fee will generate revenue to support the additional costs of materials and supplies for the necessary anatomy and diagnostic classes associated with the Physician Assistant Program. Specifically, the special course fee will assist with payment for lab supplies (e.g. urinalysis test strips, blood glucose monitors, lancets, phlebotomy equipment, microscopes, pen lights, tongue depressors, gloves simulation labs, etc.). Additionally, we will persist in our efforts to develop gifts to this program from interested donors.

It is important to note that outside of receiving all of the tuition dollars generated from the PA Program (in accordance with the Provost’s letter in Appendix J), we are not estimating any additional needs from the Enrollment Increase/Expansion Budget Proposal Line for the 2017-2018.

Scholarships/Student Aid
We are pleased to have already have begun a scholarship program that was seeded by the BCBSNC contract money where they required the PA Program to save $100,000 each year for scholarships and student aid. In addition, we will generate an additional amount of money from our School-Based Tuition at a rate of 15%.
**Year 4 Budget Narrative (FY 2018-2019)**

Year 4 represents a program year that is devoted to serving the students in the first (n = 20) and second years (n = 20) of the program for a total of 40 students. Combined, we estimate that these 40 students will include 35 in-state students and 5 non-resident students in the Fall Semester; and 30 in-state students and 10 non-resident students in the Spring Semester; and 30 in-state students and 10 non-resident students in the Spring Semester. Total estimated costs for the 2018-2019 fiscal year are $1,566,420.

**Expenses**

_Personnel expenses_ include full salaries and benefits for the required faculty including: Director, Medical Director, and three professors. Additionally, the program will require funding for designated course directors in the curriculum in accordance with years 2 and 3. The required full time administrative staff person also is included along with an addition .5 FTE to assist in Student Support Services. Our estimated personnel costs for the 2018-2019 fiscal year are $1,116,800.

_Non-Personnel Expenses_ include the funding for the necessary laboratories, annual accreditation dues, advertising and marketing for the new program, computer support with OIS, and instructional equipment. This latter expense is consistent with costs for years 2 and 3. Given our planned outreach into the communities, we have included AHEC housing costs for our students, professional development/travel for faculty and students, and support for our community-based preceptors. This latter expense is in concert with costs for years 2 and 3. Our estimated non-personnel costs for the 2018-2019 fiscal year are $449,620.

**Income**

The PA Program will be funded from multiple sources. Income for fiscal year 2018-2019 is estimated to be $1,161,238. We will have tuition revenue, with rates of $27,000 for residents (Campus Based Tuition = $8,693; Differential Tuition = $18,307) and $49,000 for non-residents (Campus Based Tuition = $25,904; Differential Tuition = $23,096). These rates are consistent with Year 3 amounts, but should there be any increases requested by the School of Medicine, we will examine the possible increase of our tuition as well. All faculty will be asked to generate 20% of their salary and benefits via clinical income either in the UNC Hospital System and/or in the community. Additionally, we have requested special course fees ($500 x 40 students = $20,000). This special course fee will generate revenue to support the additional costs of materials and supplies for the necessary anatomy and diagnostic classes associated with the Physician Assistant Program. Specifically, the special course fee will assist with payment for lab supplies (e.g. urinalysis test strips, blood glucose monitors, lancets, phlebotomy equipment, microscopes, pen lights, tongue depressors, gloves simulation labs, etc.). Additionally, we will persist in our efforts to develop gifts to this program from interested donors.

It is important to note that outside of receiving all of the tuition dollars generated from the PA Program (in accordance with the Provost’s letter in Appendix J), we are not estimating any additional needs from the Enrollment Increase/Expansion Budget Proposal Line for the 2018-2019.

**Scholarships/Student Aid**

We will generate scholarship money from our School-Based Tuition at a rate of 15%. At this time point, we fully expect to have additional scholarship funding from gifts from donors.

**Considerations/explanations for PA Program budget development**
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

- **Self-reliance:** The UNC PA program anticipates fiscal self-reliance in 2020 which is approximately 5 years after matriculation of the first student cohort. The current budget, provided in the tables above, provides details of the operating income and expenditures of the program as outlined below, with an aggressive plan to be self-sufficient for the 2017-2018 academic year (Year 3). The amount of fiscal support provided to PA Programs by their host institutions across the country is approximately $1,000,000, and it will be important for this type of ongoing support to be secured.

- **Operating Income:**
  - **Start-Up Funds.** Revenue sources for the PA program included start-up funds from a gift from Blue Cross and Blue Shield of North Carolina which will be available through the end of the first year of program operation (July 2015-June 2016). This includes carryover funds from BCBS from the previous years.
  - **Tuition.** We have been advised by the Provost’s Office to set our tuition at rates that are consistent with the UNC Medical School rates for MD students, with differential rates for in-state versus out-of-state students. For in-state rates, the Medical School is discussing school based tuition increases at a rate of about $2,500 per year for the next several years. With this base, we project tuition and fees for our program to be approximately $24,500 (Total Tuition $22,000 +Fees $2,500) for Year 1. Out-of-state rates initially will be set at $46,500 (Total Tuition $44,000 +Fees $2,500), with annual adjustments accordingly in line with SOM rates. Based on other Department of Allied Health divisions, we are projecting about 10-20% of our total student population to be out-of-state.
  - **At UNC, tuition costs are modest; overall tuition is composed of campus based tuition and the School Based Tuition (SBTI) add-on. In conjunction with the letter from the Provost, the PA Program will receive the majority of tuition dollars in order to operate this program, particularly in the initial years. Additionally, in alignment with the Board of Governors guidelines, 15% of the SBTI dollars received by the program will be reserved to fund scholarships for students. This will permit us to amass scholarship money for financially needy and minority students. These parameters require multiple sources of revenue to fund the PA Program as tuition income cannot serve as the sole source of operating income. This is consistent with most School of Medicine programs at UNC. Any difference in income versus expenses has been addressed by the letter from the Provost in Appendix J.
  - **Course Fees and Lab Fees.** The PA Program will involve a number of applied applications that will incur associated costs in courses and in associated laboratory work. These charges are consistent with other programs in the SOM. As noted above, we have requested special course fees (at the rate of $500/student = $10,000 for Year 1, and $20,000 for Years 2, 3, and 4). This special course fee will generate revenue to support the additional costs of materials and supplies for the necessary anatomy and diagnostic classes associated with the Physician Assistant Program. Specifically, the special course fee will assist with payment for lab supplies (e.g. urinalysis test strips, blood glucose monitors, lancets, phlebotomy equipment, microscopes, pen lights, tongue depressors, gloves simulation labs, etc.).
  - **Clinical Income.** All of the PA Faculty will engage in clinical efforts in their specialty areas in the hospital or community setting. We are anticipating that this will be approximately 20% per week. These opportunities will permit a blend of clinical teaching for the students via involvement with the faculty. It will also increase the presence of PA Program faculty throughout the UNC Health Care system which should facilitate opportunities for research grant involvement as well. Clinical extensions into the community also will facilitate our community outreach and, relatedly, community-based training sites for the students.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

- **Gifts/Endowment Funds.** We are fortunate to have received generous start-up funding from BCBS and these dollars have supported the program to date. Once the PA Program is functional and enrolling students, we also expect gifts from a variety of sources and do not anticipate major obstacles to fund raising for this program, particularly given our focus on military personnel and special operation forces. One of our targeted goals is to generate support for an endowed chair for the program director.

- **School of Medicine/University Contributions.** In addition to the provision of teaching facilities for our program and office space for faculty and staff, the SBTI and enrollment growth dollars that will be generated by our program will be used for income. The attached letter from the Provost provides strong assurances that the PA Program will be supported by the University.

- **Expenses:**
  - The program budget projects two major sources of expenditure 1) Personnel and 2) Non-Personnel.
  - In Year 1 (July 2016- June 2017) when the program is fully operational with a cohort of 40 students (1st year and 2nd year students), the program’s personnel costs are estimated to be 70.3% of the total program budget. These personnel costs are for program faculty, staff and instructors working directly within the University system and do not include preceptors. The proportion of the program budget directed towards personnel expenses appears to be in keeping with the mean (70.3%) reported by the PAEA 27th annual report 2010-2011.
  - The balance of the program budget (~30%) will go toward Non-Personnel costs including instructional equipment and resources such as simulation labs and standardized patients, faculty development, technology support, clinical preceptors, etc.

The UNC SOM reviews budgets annually for all departments in the spring, and within the Department of Allied Health Sciences on a quarterly basis. Departments project expenditures and receipts for the remaining fiscal year and next fiscal year budget. Departmental budgets are approved within the Dean’s Office and submitted to the University Accounting Services. We work closely with the university on all budget issues. Tuition and fees require approval by the Board of Trustees and Board of Governors. This program will be supported by tuition and fees assigned to the program, clinical funds and gift/foundation funds as outlined in Appendix 1 (Standard A1.07).

Proposed current total Tuition & Fees that each student incurs for the PA Program for the year 2015-2016:

- **Resident Tuition:** $22,000 (Campus Based = $8,693 + Differential Tuition = $13,307)
- **Non-resident Tuition:** $44,000 (Campus Based = $25,904 + Differential Tuition = $18,096)

In addition to the tuition there is an annual fee of $2,500 per year. We also anticipate that tuition for both resident and non-residents will rise in accordance with the medical school tuition. At present, it is proposed to rise $2,500 per year over the next several years.

B. Based on the campus’ estimate of available existing resources or expected non-state financial resources that will support the proposed program (e.g., federal support, private sources, tuition revenue, etc.), will the campus:

1. Seek enrollment increase funds or other additional state appropriations (both one-time and recurring)
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

to implement and sustain the proposed program? Yes If so, please elaborate.

Enrollment Growth. Although the program has not received confirmation about receipt of enrollment growth dollars from the state of NC, it is anticipated these funds will be made available in accordance with the attached letter from the Provost in Appendix J. If these dollars are not available, the letter provided by the Provost’s Office has noted it, “is prepared to support the program from other funding sources to meet the program’s operating costs if enrollment increase funding and differential tuition funding is not approved.” Based on our initial projected class size, we anticipate receiving additional funding from the state for 20 students in the first year, an increase for an additional 20 students in the second year, and then a leveling off of enrollment growth funds once we reach 40 students. This component of our income will increase as the student enrollment in the program increases to our target goal. The number of students in the program must remain constant for two years in accordance with the national accreditation board criteria for provision program status.

2. Require differential tuition supplements or program-specific fees? If so, please elaborate.

a. State the amount of tuition differential or program-specific fees that will be requested.

We have been advised by the Provost’s Office to set our tuition at rates that are consistent with the UNC Medical School rates for MD students, with differential rates for in-state versus out-of-state students. For in-state rates, the Medical School is discussing school based tuition increases at a rate of about $2,500 per year for the next several years. With this base, we project total tuition for our program to be approximately $22,000 for the first program year for in-state students and $24,500 for the next year, of this amount the differential tuition rates requested are $13,307 and $15,807, respectively. Non-residents tuition initially will be set at $44,000 in Year 1, and $46,500 in Year 2, with differential tuition of $18,096 and $20,596 being requested, respectively. Annual adjustments for both resident and non-resident students will be requested in accordance with SOM rates/increases. In addition to the tuition there is an annual fee of $2,500. Based on other Department of Allied Health divisions, we are projecting about 10-20% of our total student population to be out-of-state.

At UNC, tuition costs are modest; overall tuition is composed of campus based tuition and the Differential/School Based Tuition (SBTI). In accordance with the letter from the Provost in Appendix J, the PA Program will receive the campus based tuition, SBTI, plus any additional funds needed to support the program on an annual basis. Enrollment growth funds will not be requested in Years 3 and 4 of the program.

Additionally, in accordance with the Board of Governors guideline, we are retaining 15% of the SBTI dollars received by the program to fund scholarships for students. This will permit us to amass scholarship money for financially needy and minority students. These parameters require multiple sources of revenue to fund the PA Program as tuition income cannot serve as the sole source of operating income. This is consistent with most School of Medicine programs at UNC.

The PA Program will involve a number of applied applications that will incur associated costs in courses and in associated laboratory work. Therefore, course fees and lab fees will be assessed. These charges are consistent with other programs in the SOM.

b. Describe specifically how the campus will spend the revenues generated.
Expenditures are explained in the preceding narrative.

c. Does the campus request the tuition differential or program-specific fees be approved by the Board of Governors prior to the next Tuition and Fee cycle?

Yes

C. If enrollment increase funding, differential tuition, or other state appropriations noted in the budget templates are not forthcoming, can the program still be implemented and sustained and, if so, how will that be accomplished? Please elaborate and provide documentation of campus commitments where appropriate.

Assumptions about the nature and extent of the additional revenue sources are based on the availability of the following:

- Campus-based tuition, SBTI, and any enrollment growth dollars will flow back from the University and through the SOM at the projected amounts noted above.
- State budget. UNC academic leaders are committed to the development of this PA Program and, at the same time, are being careful about state budget challenges. One major assumption is that the School of Medicine will be able to maintain adequate support from the state of North Carolina to support its overall mission. Despite this assumption, the letter from the Provost’s Office provides assurance that the PA Program will continue to be supported via return of all tuition dollars.

XII. Evaluations Plans

All new degree program proposals must include an evaluation plan which includes:
A. Criteria to be used to evaluate the quality and effectiveness of the program, including academic program student learning outcomes.
B. Measures (metrics) to be used to evaluate the program (include enrollments, number of graduates, and student success).
C. The plan and schedule to evaluate the proposed new degree program prior to the completion of its fourth year of operation.

The PA Program will implement a comprehensive ongoing self-assessment process that is designed to document program quality and effectiveness with the goal of continuous program improvement. This process will comprise 4 steps:

1) collection of data
2) analysis of data and establishment of realistic benchmarks
3) application of results and development of conclusions
4) development of action plans

The program will apply the process of ongoing program assessment to the curriculum and other dimensions of the program. Collected data will be analyzed annually by a variety of methods dependent on data type. Results will be presented and reviewed at meetings of the PA faculty and the curriculum committee. Minutes of all meetings for this purpose will be taken. Program elements that require either revision and/or improvement will be identified. A plan to address the shortcomings will be devised and implemented. The revised elements will be reviewed again after new data has been collected. Minutes of meetings and revision recommendations will document the process and outcomes.
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

The following sections elucidate: A evaluation criteria, B metrics, and C plan and time schedule for a number of program areas. These areas have been organized according to the four major program goals in order to determine the ability of the program to meet its stated goals.

Please note that PA program accreditation also constitutes one very important area of evaluation. Evaluation needed to meet standards involves both internal and external review, e.g., site visits, of programs. The accreditation process is described in other sections of this document and is not repeated here. An extensive evaluation of the PA program will be conducted at the time of the site visit for accreditation (September 2015) and in a review of the self-study (Descriptive Report) document due in May 2015.

Program Objective 1: To produce didactically and clinically competent and contextually sensitive Physician Assistants by providing an educational environment that fosters learning and prepares students for a range of clinical practice settings.

This is obviously a key goal of the PA Program, and there are many important criteria by which evaluation will take place. They are summarized in the following table.

<table>
<thead>
<tr>
<th>Criteria used for evaluation</th>
<th>Measurements to be taken</th>
<th>Plan</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation</td>
<td>Graduation rate per admissions cohort; Benchmark = 100 graduated each year</td>
<td>Compiled by support staff</td>
<td>Post graduation; annual</td>
</tr>
<tr>
<td>Licensure: success of graduates in obtaining licenses to practice as a PA</td>
<td>Percentage of licensed graduates per admissions cohort. Benchmark = 100% licensed</td>
<td>Data is made available to program director who calculates and records</td>
<td>Annual; following August graduation</td>
</tr>
<tr>
<td>Certification: Scores of graduates on the Physician Assistant National Certification Examination (PANCE)</td>
<td>Average PANCE scores of graduates per admissions cohort. Benchmarks = 100% passing, average scores increasing over time; comparisons to national averages</td>
<td>Data is made available to program director who calculates and records</td>
<td>Annual; following August graduation</td>
</tr>
<tr>
<td>Job placement: the rates of graduates obtaining employment as PAs</td>
<td>Post-graduation survey. Benchmark = 100% employed</td>
<td>Undertaken by program director and support staff with input from program faculty</td>
<td>Annual; following August graduation</td>
</tr>
<tr>
<td>Graduate satisfaction with program preparation: as measured by scores on surveys taken within 1 year of</td>
<td>Post-graduation survey. Benchmark = increases over time in average scores (comparing scores of multiple admission cohorts</td>
<td>Undertaken by program director and support staff with input from program faculty</td>
<td>Annual; following August graduation</td>
</tr>
</tbody>
</table>
### Program Objective 2:

*To prepare generalist PA students for practice settings in rural or urban medically underserved areas through emphasis on health promotion, disease prevention, cultural competency, and primary care.*

<table>
<thead>
<tr>
<th>graduation and 5 years post-graduation</th>
<th>Student course evaluations (satisfaction with faculty, course resources, assignments, grading, etc)</th>
<th>Faculty will administer online; support staff will compile; results shared with individual faculty and program director</th>
<th>At conclusion of each course; summarized at end of year for student cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course evaluations will be conducted for all didactic, laboratory, and clinical courses; comparisons made over time between cohorts</td>
<td>Faculty will administer online; support staff will compile; results shared with individual faculty and program director</td>
<td>At conclusion of each course; summarized at end of year for student cohort</td>
<td></td>
</tr>
<tr>
<td>Average student scores on 3 sub units of exam per admissions cohort; comparisons between student cohorts</td>
<td>Administered and graded by faculty; reviewed by program director</td>
<td>Upon completion of all course work; annual</td>
<td></td>
</tr>
<tr>
<td>Scores used to provide summative feedback to students on clinical knowledge and skills in each clinical course during the second year of the program</td>
<td>Administered and graded by clinical preceptors</td>
<td>At end of each rotation;</td>
<td></td>
</tr>
<tr>
<td>Scores used to provide summative feedback to students on acquisition of objectives in each didactic course in the first year curriculum. Evaluation instruments include written exams, Clinical Skills Assessments (CSA), &amp; Objective Standardized Clinical Evaluations (OSCE). Benchmarks = 100% passing; scores increasing with student progression through curriculum</td>
<td>Faculty monitor and consult with academic coordinator and program director</td>
<td>At end of each course</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

<table>
<thead>
<tr>
<th>Criteria used for evaluation</th>
<th>Measurements to be taken</th>
<th>Plan</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job placement: the rates of graduates obtaining employment as PAs in rural or urban medically underserved areas</td>
<td>Post-graduation survey; self-reported; Benchmarks = at least 50% with increase for each year</td>
<td>Undertaken by program director and support staff with input from program faculty</td>
<td>Annual; 12 months following December graduation</td>
</tr>
<tr>
<td>Choice of clinical settings for elective courses in second year</td>
<td>Number of students who elect in primary care areas; Benchmarks = at least 50% with increase for each year</td>
<td>Undertaken by program director and support staff</td>
<td>Annual; At end of program</td>
</tr>
<tr>
<td>Clinical sites established which provide primary care services</td>
<td>Percentage of clinical sites devoted to primary care out of total rotations. Benchmark = annual increase</td>
<td>Number reported by clinical coordinator (PA faculty)</td>
<td>Annual</td>
</tr>
<tr>
<td>Clinical site evaluations of preceptors and facilities</td>
<td>Descriptive summaries written following site visits, interviews with preceptors &amp; students, and review of student course evaluations; Benchmark = overall positive on all aspects</td>
<td>Clinical coordinator visits each site used for student rotations; reviews course evaluations, etc</td>
<td>Bi annual</td>
</tr>
</tbody>
</table>

**Program Objective 3:**

*To develop and promote an interdisciplinary orientation to health care delivery.*

<table>
<thead>
<tr>
<th>Criteria used for evaluation</th>
<th>Measurements to be taken</th>
<th>Plan</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary evaluations of clinical courses in second year</td>
<td>checklist evaluation of students professional traits; used as part of course grade. Benchmark = Acceptable ratings for 100% of students</td>
<td>Clinical preceptor completes evaluation for each student; Scores reviewed by clinical coordinator</td>
<td>As part of each clinical course</td>
</tr>
<tr>
<td>Opportunities in curriculum for interaction with health professionals and students from other health care disciplines</td>
<td>Evaluation of course structure/content; benchmark = annual improvement in amount of interaction</td>
<td>Faculty report course descriptions of interdisciplinary opportunities to academic and/or clinical coordinator</td>
<td>Reported annually to program director</td>
</tr>
</tbody>
</table>

**Program Objective 4:**
To provide educational and training opportunities for non-traditional students, with attention to those who have served in medical military settings, such as the Special Forces medics, for careers in medically underserved areas.

<table>
<thead>
<tr>
<th>Criteria used for evaluation</th>
<th>Measurements to be taken</th>
<th>Plan</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted students with prior military service</td>
<td>Percentage total class per admissions cohort; Benchmarks = minimum of 10% per admissions cohort</td>
<td>Data from student applications made available to program director who calculates and records</td>
<td>Annual; Beginning of Fall semester</td>
</tr>
<tr>
<td>Clinical sites established in medically underserved locations in NC</td>
<td>Number of sites used each year; percentage of total clinical sites that are in medically underserved areas</td>
<td>Data obtained from clinical coordinator</td>
<td>Annual; prior to beginning of Fall semester</td>
</tr>
</tbody>
</table>

XIII. Reporting Requirements
Institutions will be expected to report on new program productivity as a part of the biennial low productivity program review process.

XIV. Attachments
Attach the final approved Appendix A as the first attachment following this document.
This proposal to establish a new degree program has been reviewed and approved by the appropriate campus committees and authorities.

**Chancellor:**

________________________________________     Date: _____________________

62
Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

References


Appendix C. Request for Authorization to Establish a New Degree Program: MHS-Physician Assistant

A. Appendix A: Request to Plan PA Program
B. Letter of Support from Warren P. Newton
C. Letter of Agreement between The University of North Carolina and The United States Army Special Operations Command
D. Excerpt from Blue Cross and Blue Shield of North Carolina Media Clipbook
E. Technical Standards of the PA Program
F. Faculty position announcements
G. Organizational chart for the UNC School of Medicine Administration
H. Organizational chart for the UNC Department of Allied Health Sciences Administration
I. Clinical Preparatory Instruction
J. Provost Letter
MEMORANDUM

TO:       UNC General Administration
FROM:    Paul Chelminski, M.D., Director, Physician Assistant Program and Physician Assistants Leadership Team
DATE:    October 14, 2014
RE:        Response to feedback on the Request-to-Establish Appendix C

Thank you for the feedback/comments on our Request to Establish a Master of Health Sciences Degree Program in the Department of Allied Health Sciences at the UNC School of Medicine. Stephanie Schmitt, Associate Dean for Academics in The Graduate School, provided us with specific questions requiring a response and we have provided our responses below. Of course, please let us know if you require any additional information in moving this program forward.

1. Please submit a revised budget with Year 1 as the first year students are enrolled in the program and through the fourth year of enrollments.

   The first cohort of students will matriculate into the program in January 2016. We have prepared a revised budget commencing in academic year 2015-2016 and extending through fiscal year 2018-2019. This revised budget is attached.

2. There appears to be an error in the Preceptors line item (currently Year 4). We believe the $40K should be $60K. This also affects the formula for annual carryover.

   We have corrected the error in the Preceptors line item and it now reflects the corrected values for each budget year requested.

3. Why does the budget reflect scholarship support from BCBS in two years when no students are enrolled?

   The contract with BCBS of North Carolina commenced in year 2013 with the requirement that $100,000 be reserved for scholarships until students are enrolled. This value is now correctly reflected under “Scholarship support” commencing in Fiscal year 2015-16.

4. It is unclear why 25% SBTI towards financial aid is shown under the BCBS Scholarship Support line item.

   The SBTI has been changed to reflect 15% and is a separate line item under the “Scholarships-Student Aid” section.

5. You are likely aware of new Board of Governors “freeze and cap” policy related to the use of tuition for financial aid. While the policy does not apply to differential tuition (SBTI), the Board still approves all tuition rates and will likely have a high bar for increasing a SBTI rate.
for financial aid. If the program intends to set aside 25% of the differential tuition for financial aid, then please provide justify and explain in detail.

The program will set aside 15% of SBTI for student aid as reflected in the “freeze and cap” policy. The new budget reflects this change.

6. What is the basis of the gift/endowment fund estimate?

The gift/endowment fund estimate has been modified to $50,000. This estimate is based on our history of gifting for our other Allied Health programs and in consultation with the Medical Foundation. Once our first students matriculate into the program in January of 2016, we are confident that more gifts will be forthcoming for this program. For this budget, however, we have modified our estimate in order to take a more conservative approach to budgeting for our program.

7. The proposal suggests that initiation of the program is dependent upon there being no further cuts to the School of Medicine (p. 51). State agencies are already being asked to plan for 2% reductions in their budget planning for the next biennium. The ultimate question is whether or not the institution is willing to reprioritize funds towards this new priority degree program? If so, a letter of commitment is needed, preferably from the Provost office.

We very much appreciated this question and the associated suggestion. The leadership of Allied Health Sciences and the Dean’s Office in the School of Medicine met with the leadership in the Provost’s Office to address this matter. All parties reiterated their strong support for this program and a letter from the Provost’s Office was provided noting this strong support. This letter from Dr. James Dean, Executive Vice Chancellor and Provost, provides the details of this support and long-term commitment to the Physician’s Assistant Program. Additionally, this letter subsumes the proposed 2% reduction in budget planning for the next biennium so as to protect the start-up of this program. This letter from the Provost’s Office is attached.

8. It appears clear that the program will not commence if the differential tuition is not approved. In the event that the program and differential tuition are approved but enrollment growth funding is not forthcoming, the institution should give indication of its commitment to support the costs of the program. A letter of commitment is needed, preferably from the Provost office.

The funding of this program will come from multiple sources including tuition to assure its sustainability. As per comment #7 above, we have secured a the letter of support from Executive Vice Chancellor and Provost James Dean endorsing support for the UNC PA program and acknowledging the important role the program will play both for the University and the state. Provost Dean’s letter notes that “The Office of the Executive Vice Chancellor and Provost is prepared to fully support the School in meeting these specific operating costs. This support may be derived from the provision of new enrollment dollars as these become available and also from tuition-increase revenue.” This letter of commitment provides assurance that the University will support this program if enrollment growth funding and/or differential tuition is not available.
MEMORANDUM

TO: UNC General Administration

FROM: Prema Menezes, PhD, PA-C
       Director, Physician Assistant Program on behalf of the PA Program Leadership Team

DATE: March 19, 2014

RE: Response to February 25, 2014 feedback on the Appendix A- Request to Plan the Master of Health Sciences degree program at UNC-Chapel Hill

Dear Dr. Thornton and Colleagues:

Thank you for providing a very clear summary of the reviewers’ comments on our Request to Plan a Master of Health Sciences degree program in the School of Medicine, Department of Allied Health Sciences.

We believe that the reviewers’ concerns can be addressed through some additional clarification, which we provide below:

1. Societal demand/employment evidence. Please note that in January 2014 the Educational Planning, Policies and Programs (EPPP) Committee of the UNC Board of Governors approved recommendations to strengthen evidence of societal demand and employment opportunities presented in program proposal documentation. Revised Appendix A/C documents are under review and soon to be approved, and as such, we recommend that you be inclusive of this type of evidence in your revisions as well. See the attached memo from EPPP for guidance.

Response
In North Carolina, an estimated 1.5 million people (http://www.nciom.org/wp-content/uploads/2010/08/County-Level_Estimates_10-11.pdf) live in areas that do not have access to health-care that effectively serves their communities, and the gap will continue to grow. The recently enacted Affordable Care Act will increase the number of people seeking care, expanding the need for providers. In addition, aging health-care professionals are reaching retirement in increasing numbers.

The PA leadership team has reviewed and incorporated data provided by the Cecil G. Sheps Center for Health Services Research, a health services research center based at UNC, which describes the health care workforce needs in North Carolina with particular focus on primary care (University of North Carolina Board of Governors. Monitoring. The Progress of North Carolina Graduates Entering Primary Care Careers. October, 2013). In 2007, there were 416 medical graduates from the four medical schools in the state: Duke, Wake Forest, East Carolina, and UNC at Chapel Hill. In 2012, less than one-third (n=132) of the 2007 graduates remained in one of the four primary care specialties (Family Medicine, Pediatrics, General Internal Medicine, Obstetrics/Gynecology). Of greater concern are North Carolina state
specific statistics which show the state retention rate for primary care practitioners in 2013 was only 14% (n=56) of the 2007 graduates. Furthermore merely 5% (n=7) of these primary care practitioners provided care in the rural counties of the state. These results do not bode well for meeting the future primary care needs of the state using graduates from the four Schools of Medicine.

*The Physician Assistant experience in North Carolina* As medical care providers, PAs have been essential during times of physician shortages and, historically, it was a lack of doctors in underserved areas that first spurred their creation. Once again, experts believe that the U.S. faces an insufficient number of physicians, with projections indicating that the supply will be unable to keep pace with demand; by 2025, a shortage of 124,000 primary care physicians is anticipated. Consequently, analysts have suggested that there will be an increased reliance on PAs, particularly for the delivery of primary care. Since such a low percentage of NC State’s medical graduates enter into and are retained in primary care settings, it seems likely that the state will need to depend on a steady if not increasing supply of PAs.

According to data made available from the American Academy of Physician Assistants (AAPA) in 2013, there were over 5,600 PAs in North Carolina. About 35.8% practice in primary care (Family Medicine with and without Urgent Care, OB/GYN, general internal medicine and general pediatrics). Since 2003 the number of PAs per 10,000 population in North Carolina has exceeded the national average (Fig 1). Equally encouraging is the geographic distribution and areas of practice of PAs. For every 100 physicians practicing in a county designated as a whole county persistent health professional shortage area (PHPSA) in 2009 there were 35.2 PAs, a substantial increase from 1990 when there were only 7 PAs per 100 physicians (Fig 2). In 2003, 82% of PAs practicing in whole county PHSPA were in family or general practice (Fraher, E. The Supply of Primary Care Physician Assistants and Nurse Practitioners in Underserved North Carolina. Journal of Physician Assistant Education, 2006 17(1), 39-42.)
Figure 1: Physician Assistants per 10,000 by Metropolitan and Nonmetropolitan Counties, North Carolina, 1979 to 2011

Figure 2: Ratio of Physician Assistants to 100 Physicians by PHPSA status, North Carolina, 1990 to 2009


Source for Health Professional Shortage Areas: Area Resource File, HRSA, Department of Health and Human Services. Persistent HPSAs are those designated as HPSAs by HRSA from 1999 through 2005.
It is clear that PAs are making important contributions to the health workforce in the state and the region. That said, the number of primary care physicians produced by NC medical schools remains low and appear unlikely to meet anticipated demand. Having an additional supply of well-trained PAs as primary care providers is desirable. The resulting of increasing the numbers of PAs available to help staff the state’s primary care workforce as well as to promote and increase workforce diversity would bring benefits to the state’s citizens and health care institutions.

**PA Employment** It should be noted that in 2003 while there were only 139 graduates from NC PA programs, 315 new PAs were added to the NC work force (Fraher, E. The Supply of Primary Care Physician Assistants and Nurse Practitioners in Underserved North Carolina. Journal of Physician Assistant Education, 2006 17(1), 39-42.). This suggests that the number of NC PA graduates did not meet work force demand and increasing the number of PA graduates who are likely to continue to reside and practice in the state is reasonable and expedient.

According to the Bureau of Labor Statistics (BLS), U.S. Department of Labor, as published in the 2012–2013 Occupational Outlook Handbook, employment of PAs is expected to grow 30 percent from 2010 to 2020. This “much faster than average” growth of the PA profession reflects the increasing need for primary health care providers and PAs resulting from increasing numbers of physicians entering specialty areas of medicine and the cost-effectiveness of physician assistants.

**2. Program Title**

P. 3 indicates the degree name Master of Health Sciences (M.H.S) was thoughtfully selected to represent the UNC-CH program breadth; nonetheless, reviewers will likely question why the degree name is not inclusive of "Physician Assistant." It might be useful to include the names of some of the 10 schools that offer the MHS as the PA degree – from the website, it appears Duke is one of them.

**Response**

As observed, the Duke University PA program consistently ranked number one in the nation by US News and World Report has selected the MHS title as the program degree for PA graduates. The table below lists the names of some of the schools that offer the MHS and MSHS degree.

<table>
<thead>
<tr>
<th>Name</th>
<th>PA Program Degree Title</th>
</tr>
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<tbody>
<tr>
<td>Duke University, North Carolina</td>
<td>MHS</td>
</tr>
<tr>
<td>Quinnipiac University, Connecticut</td>
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<td>MHS</td>
</tr>
<tr>
<td>George Washington University, Washington DC</td>
<td>MSHS</td>
</tr>
</tbody>
</table>

**3. Underserved areas**

The proposal throughout discusses the need for primary care providers in NC, particularly in rural areas. P. 4 discusses strategies for attracting PA graduates to serve in these areas – strategies include clinical rotations in rural areas and awarding scholarships with service commitments. Are these strategies currently used for MD students at UNC-CH, and how successful are they? What is the experience of ECU with placement of PA graduates in underserved areas? What rural clinical sites are known and committed?
Response
Strategies employed by the UNC-CH School of Medicine to attract and retain MD students to work in rural areas include: Sarah Graham Kenan rural & underserved medical scholars program launched in 2012. This program allows a selected small group of medical students (seven in 2012 and six in 2013) to identify their interest in rural health, relate to a mentor rural preceptor, engage in a community project in a rural area in the summer after their first year, participate in the Asheville longitudinal program for their clinical education, and experience focused small group sessions to advance their skills and knowledge about rural primary care. Some scholarship support for these students is provided through the Kenan Charitable Trust. The purpose of this program is to ultimately increase the number of UNC SOM students seeking rural health careers in North Carolina and to provide financial support and enrichment experiences to sustain their decisions. A similar program is being piloted in 2014 in Charlotte, focusing on the Urban Underserved. Two students will participate this first year.

We were unable to find published data from ECU regarding placement of PA graduates in underserved areas. In a personal communication with Dr. Alan Gindoff, ECU PA Program Director, we learned that ECU surveys all PA graduates 6 months after graduation. The survey response rate is low but reveals that lower numbers of PA graduates are employed in rural areas compared to other settings.

The clinical year for the UNC PA program will commence in August 2016. Rural clinical sites that are known and for which we anticipate commitment are those currently associated with the NC Area Health Education Center (AHEC) (Appendix E Letter of support from Warren Newton). PA students from ECU and Duke receive part of their training under AHEC auspices in community hospitals, physicians’ offices, rural health centers, public health departments, mental health centers, and other health-related settings. Each of the nine regional AHECs facilitates quality community-based health science education at more than 1,300 community sites. In 2010-2011, health science students studying allied health, dentistry, medicine, nursing, public health, and pharmacy at many North Carolina colleges and universities completed 10,558 student months of training through AHEC supported community-based rotations.

P. 19 suggests that students with rural clinical placements are likely to work there later, stating: “In general, graduates of healthcare professions programs are frequently offered jobs in settings where they completed clinical rotations as students.” Does data exist to show this is the case with rural rotations?

Response
In 2011 there were 21.7 physicians per 10,000 population in NC which is only slightly less than the national average of 22.8 per 10,000 population suggesting that the NC physician supply is growing at a good pace. Where a physician completed a residency appears to be a good predictor of retention in NC; more physicians (46%) who complete a NC AHEC residency stay in North Carolina to practice compared to physicians (36%) who complete a non-AHEC residency. These AHEC trained residents are more likely to practice in rural areas as compared to non-AHEC trained residents. (http://www.shepscenter.unc.edu/hp/presentations/NChospitalCEO_20Feb2013.pdf)

UNC Family Medicine has a residency track with Piedmont Health Services in Caswell County (2 residents per year in 3-year program). Teaching health centers are community health centers (CHCs) that train physicians and other providers to provide care to vulnerable communities, such as those in disadvantaged and rural area. Partnerships between CHCs and academic programs – teaching health centers – have been proven to increase the
primary care physician workforce in underserved health care settings. Participating residents are 3.4 times more likely to work in a CHC and 2.7 times more likely to work in an underserved health care setting than others.

While similar data for PAs in NC is unavailable, discussions to collect this data in the future are taking place between the Sheps Center and NC AHEC. Data available from the AAPA demonstrates that nationally PAs are helping to extend care to areas most in need: in 2010 about 17 percent of PAs practiced in rural areas (https://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3848). A survey of practicing PAs in Texas reported a relationship between completion of rural clerkships and rural practice choice; a larger percentage of those who chose rural starting practice had participated in a rural clerkship (22.3%) than those who had not participated in a rural clerkship (6.8%) (Diemer D, Leafman J, Nehrenz GM S, Larsen HS. Factors that influence physician assistant program graduates to choose rural medicine practice. J Physician Assist Educ. 2012;23(1):28-32.). Taken together these data indicated that medical and PA students’ choice of practice area after graduation is in part influenced by location of clinical training clerkships.

4. Military focus

P. 6 states "Veterans will undergo an admissions process that recognizes and provides additional credit for medical service while in the military." What does this mean?

Response

Medical and other health professions schools employ admission algorithms to score components of the admissions process. For example the personal statement component of an application may carry a score of 0-10 and an applicant might score 5. Individual scores for the different components are summarized to arrive at a composite score. Applicants are ranked based on their composite scores. The UNC PA program is in the process of developing such an algorithm. We anticipate one component to be “military medical service” wherein applicants with this credential will gain an extra score. Furthermore, when reviewing two applicants with identical composite scores preference may be given to the applicant with a background in military medical service.

Veterans will receive recognition for their unique experiences when assessed for admissions to the program, however no PA Program academic credit or course reduction will be granted to former military medics based upon their field experience.

P.6 suggests the numbers of medical corpsmen entering PA programs is small. What numbers of medics were surveyed in the article cited on p. 18 (where 50% declared interest in PA)?

Response

The survey was sent to 1221 soldiers through the Special Forces Medical Sergeant (SFMS) email listserv, and 243 responses were received. (True N, Conway A, Landis T, Cairns C, Cairns B. Interest Survey and Guide to Medical School Admissions for SOF Medics. Journal of Special Operations Medicine 11(2) 30-34)

Support letter from Chair, Dept. of Allied Health Sciences, states “for reasons explained in our Request to Plan, only a very small percentage of these veterans will be able to enroll in any of North Carolina’s many PA programs, or even in the military’s own national PA education program.” What are those reasons? Evidence not found in proposal that medics are currently limited in terms of enrollment options.
Response
The PA profession began at Duke University in 1965. Dr. Eugene Stead the founder of the PA profession initially considered recruiting Durham firemen to his fledgling program, but then decided that veterans of the military medical corps were more suitable candidates. Between the years 1967-76 over half the Duke PA program class were drawn from the ranks of medical corpsman. This number declined dramatically, such that between the years 1997-00 there was only one student with a medical corpsman background (Carter R. NCMJ September/October 2000, Volume 61 Number 5). A possible reason for this decline include the high cost of tuition at private schools; the current average cost is @ $35,000-37,000 per year. The UNC PA program hopes to address this by providing more affordable education. Additionally the GI bill will cover tuition & fees rates at a state operated college or university but limits the amount of coverage at a private university (http://www.benefits.va.gov/gibill/resources/benefits_resources/rates/ch33/Ch33rates080113.asp). A second reason is that former military medics represent a distinct student population being frequently nontraditional in age and family status, e.g., older than traditional college students and married with dependents rather than single. Nationally, the average age of the PA student for the year 2010-11 was 26 years. These differences likely limit the program choices for military medics in NC. The existing UNC system infrastructure to assist veterans ("UNC SERVES”. Systemwide Evaluation and Recommendation for Veterans Education and Services), the recent endorsement by student veterans of UNC-CH as a veteran friendly school (https://diversity.unc.edu/unc-has-become-a-better-campus-community-for-veterans-and-military-families/) and the stated PA program goal to provide special attention to military medics might provide a measure of encouragement to the veterans.

5.PA/NP/DNP
P. 15 suggests that PAs, NPs and DNPs play “complementary and synergistic roles” – it may be useful to include a chart or more extensive discussion of where there is overlap and where there is distinction between these roles. The need to understand this distinction also came up when the BOG was approving the new DNP programs.

Response
The table below provides information about the PA and NP professions.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PHYSICIAN ASSISTANT</th>
<th>NURSE PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Health care professionals licensed to practice medical care with physician supervision.</td>
<td>Registered nurses with advanced education and training in a clinical specialty who can perform delegated medical acts with physician supervision.</td>
</tr>
<tr>
<td>Philosophy/Model</td>
<td>Medical/physician model, disease centered, with emphasis on the biological/pathologic aspects of health, assessment, diagnosis, treatment. Practice model is a team approach relationship with physicians.</td>
<td>Medical/Nursing model, Biopsychosocial centered, with emphasis on disease adaptation, health promotion, wellness, and prevention. Practice model is a collaborative relationship with physicians.</td>
</tr>
<tr>
<td>Education</td>
<td>Affiliated with medical schools. Previous health care experience required; most require entry-level bachelors degree. The program</td>
<td>Affiliated with nursing schools. BSN is prerequisite; curriculum is bio-psycho-social based, based upon behavioral, natural, and humanistic sciences.</td>
</tr>
<tr>
<td>Curriculum/Scope of Practice</td>
<td>Certification/Licensure</td>
<td>Recertification</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>-----------------</td>
</tr>
<tr>
<td>Curriculum is advanced science based. Approximately 1000 didactic and over 2000 clinical hours. All PAs are trained as generalists- a primary care model and some receive post-graduate specialty training. Education is procedure and skill oriented with emphasis on diagnosis, treatment, surgical skills, and patient education. Currently, more than 90% of programs award Masters degrees and all are currently transitioning to the master’s level.</td>
<td>Separate accreditation and certification bodies require successful completion of an accredited program and NCCPA national certification exam. NCCPA certification is the gold standard.</td>
<td>Recertification requires 100 hours of CME every 2 years and exam every 6 years. Recertification is comparable to family physicians. All PAs are licensed by their State Medical Board and the Medical Practice Act provisions.</td>
</tr>
<tr>
<td>Approximately 500 didactic hours and 500-700 clinical hours. NPs choose a specialty training track in adult, acute care, pediatric, women’s health or gerontology. Emphasis on patient education, diagnosis, treatment and prevention. Generally not trained for surgical settings and are not taught procedural skills. NPs generally have Masters degrees.</td>
<td>Nursing accreditation and multiple nursing certification agencies. Master’s Degree required to sit for exam. The national certification is voluntary and utilized for advanced nurse prescribers within their specialty training.</td>
<td>Recertification requires 75 CEUs every 5-6 years. No exam is required. NP’s practice under their basic RN license under the Nurse Practice Act.</td>
</tr>
<tr>
<td>Certification/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure</td>
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<tr>
<td>The physician assistant scope of practice is defined by education and experience, state law, facility policy, and physician delegation. State laws allow physicians broad delegatory authority. This allows for flexible, customized team care. Any service the PA provides should be within their skill set, and within the skills of the supervising physician. A summary of State Laws and Regulations can be found at <a href="http://www.aapa.org/PAlaws">http://www.aapa.org/PAlaws</a>.</td>
<td>As Registered Nurses, NPs hold independent licenses to practice nursing. Individual state practice acts generally govern the rules and regulations under which NPs practice. Because practice acts are state specific, regulations for NP practice vary considerably from state to state. Thirteen states and the District of Columbia require no formal practice relationship between NPs and physicians. Other states require either a collaborative or supervisory relationship between NPs and physicians. To find out the specific rules contact the state’s Board of Nursing. Contact information can be found at the American Academy of Nurse Practitioners’ website, <a href="http://www.aanp.org">www.aanp.org</a> or <a href="http://www.acnpweb.org">www.acnpweb.org</a>, under regulatory information.</td>
<td></td>
</tr>
</tbody>
</table>
### Coverage and Reimbursement

| Medicaid and Medicare providers, Commercial payer reimbursement is currently variable. | Medicaid and Medicare providers, and generally receive favorable reimbursement from commercial payers. |

### 6. Collaboration

At present, the proposal suggests all new courses will need to be developed, but P. 16 and throughout indicates potential for collaboration with other closely related programs at UNC Chapel Hill. Proposal mentions courses in “research, aging, early intervention, developmental disabilities, and healthcare administration.” P. 22 also talks about collaboration and course sharing with Division of Clinical Laboratory Science. Where is there room in the curriculum for these collaborations? Do you foresee any opportunity for existing classes in the MD curriculum to serve the needs of the PA program without new course development? If not, it seems the curriculum does not allow much room for course sharing; other resources, however, like simulation labs could be shared.

**Response**

Notwithstanding the challenges and opportunities that inter-professional learning presents, the UNC PA program is committed to seeking out inter-professional learning opportunities in both the didactic and clinical phases. When academic calendars, class schedules, resources and appropriate course content can be arranged, PA students will take part in learning experiences with students in other professions, e.g., medicine, nursing, pharmacy, clinical laboratory sciences, physical therapy etc. However the PA program is fully cognizant of the challenges associated with inter-professional learning. The didactic phase of PA education most closely aligns itself with the first two years of medical school than does any other health-related profession. While sharing courses across multiple disciplines could result in considerable cost savings, the programs focus and attention will be to ensure that the PA students receive optimal instruction and course content is appropriate for PA students.

Effective August 2014, the medical school will implement a new curriculum for medical students which incorporates less in-class time and more self-motivated online computer based learning. These changes increase the difficulty of collaboration between the PA program and the medical students. However, after these changes have been successfully implemented, the PA program hopes to engage in a dialogue with regard to course sharing. We agree that cadaver and simulation labs will be shared.

When reviewing course content there may be areas of commonality with some of the other allied health professions. An example of this is the need for instruction in the significance and effectiveness of laboratory tests such as the detection of the abnormal cells that cause leukemia, the analysis of cardiac enzymes and the identification of the type of bacteria causing an infection which will be similar for students in the PA program and in some of the Clinical Laboratory Science programs.

### 7. Enrollment

P. 17 shows numbers of students accepted at other NC private institutions ranging from 38 – 84 (is this accepted or enrolled?); ECU enrolls ~35 per year. The UNC-CH proposal suggests 15-25 students will be enrolled each year. This is comparatively small. Why? P. 18 states the number of applicants not accepted at those NC schools - 2,734 students – demonstrates unmet demand. This suggests that all of these applicants were qualified applicants, which is probably not the case, and should potentially be reworded for clarity.
Response
The UNC-CH PA program proposes to enroll 15-25 students per year for the first 3-5 years. Since the program is a two year program after the first year the total PA student cohort will be 30-50. At inception, most programs have smaller student cohorts gradually increasing in size over time. For example in the first five years of its inception (1967-71) the total student cohort of the Duke PA program numbered 71 which is @ 15 students per year and is significantly lower than the current annual enrollment of 84 students. A smaller student body allows developing programs to rapidly and effectively address any initial difficulties that may arise.

Based on data available through the four PA program websites we know that 2734 applications were not accommodated. Although, it is possible that not all of these applicants were qualified it appears likely that most were as all PA student applications are centralized through the Centralized Application Service for PAs (CASPA) which facilitates completion of one application and one set of documents through a centralized service. In order for an application to have a status of “Complete” the following things must occur for each individual applicant: 1. All official transcripts are posted to CASPA application, each with a date received in the status menu under “transcripts.” 2. At least two of the references are listed as “completed” with a date completed in the status menu under “references.” 3. Payment is marked as received with a date received in the status menu under “payments.” CASPA verifies coursework for accuracy and calculates GPAs only after an application has a status of “Complete”.

8. Faculty
P. 25 suggests three full-time faculty are needed at minimum to meet accreditation standards. Is it correct that the Program Director already in place is one of those, and the two position searches underway will complete the three needed? Seems like a heavy load for three faculty. What are their responsibilities in the didactic year and the clinical year? Duke enrolls ~3.5X more students (84 students) than UNC-CH is planning for at the high end (25 students) and has 19 faculty and 10 staff on their website. Are three FT faculty and 1 administrative position really enough?

Response
The Accreditation Review Commission-Physician Assistant (ARC-PA) requires at a minimum a full time program director, 3 full time faculty and a 0.20 FTE medical director. With a total student capacity of 40 students (over 2 program yrs.) the faculty to student ratio is 1 faculty for every 13.3 students which is close to the national average of 12.4. Ideally, we would like to have a faculty to student ratio closer to that of the Duke PA program which is ranked number one in the country and will work toward that goal. We acknowledge that the work load will be considerable but anticipate that faculty will teach a limited number of courses with additional instructor support from faculty in the SOM.

9. Timeline
The timeline Appendix indicates a plan to open applications for admission in March – June 2014. A June BOG approval is likely ambitious, depending on the status of and feedback on Appendix C. Remaining steps in the approval process include preparation of Appendix C (4 months allotted), review of Appendix C by UNC GA and also by the UNC Graduate Council (estimate two months). Any advertising done before program approval would need to be explicit about the status of the program in review.
Response
The ARC-PA recognizes that the time required to obtain provisional accreditation is @ 12-18 months. Therefore programs are permitted to open and receive applications with the caveat that all applicants are clearly informed that the program will not commence if provisional accreditation is not granted. We understand that at UNC developing programs are only permitted to open and accept applications after review and approval of Appendix C by UNC GA and the UNC Graduate Council. We propose to have discussions around this subject with Dr. Ronald Strauss, Executive Vice Provost, in March 2014 and do not plan to open the application process until these discussions are held and decisions satisfactory to all parties at UNC are reached.
APPENDIX A
UNIVERSITY OF NORTH CAROLINA
REQUEST FOR AUTHORIZATION TO PLAN
A NEW DEGREE PROGRAM

THE PURPOSE OF ACADEMIC PROGRAM PLANNING: Planning a new academic degree program provides an opportunity for an institution to make the case for need and demand and for its ability to offer a quality program. The notification and planning activity to follow do not guarantee that authorization to establish will be granted.

Date: _____9-24-2013___

Constituent Institution: University of North Carolina at Chapel Hill

CIP Discipline Specialty Title: Physician Assistant

CIP Discipline Specialty Number: 51.0912 Level: B ______ M _X_____ 1st Prof ______ D ______

Exact Title of the Proposed Program: Master of Health Sciences

Exact Degree Abbreviation (e.g. B.S., B.A., M.A., M.S., Ed.D., Ph.D.): ___M.H.S___

Does the proposed program constitute a substantive change as defined by SACS?        Yes ___ _ No __X_

The current SACS Substantive Change Policy Statement may be viewed at:

If yes, please briefly explain.

Proposed date to establish degree:  Month __August______ Year ___2015___________

1. Describe the proposed new degree program.
The description should include:

   a. a brief description of the program and a statement of educational objectives

Nature of the Program

The Master of Health Sciences-Physician Assistant (PA) Program at UNC-Chapel Hill will prepare physician assistants (PAs) who are career-ready to enter the healthcare workforce in North Carolina (NC). PAs are healthcare providers who are academically and clinically competent to practice medicine under the direction of a doctor of medicine or osteopathy. Within the PA-physician collaborative partnership, PAs make medical decisions related to direct patient care.

1This Appendix A supersedes the preceding Appendix A entitled, “Notification of Intent to Plan a New Baccalaureate or Master's Program,” adopted May 6, 2009.
These decisions regarding diagnosis, therapeutic measures, and maintenance/preventive services include: performing physical examinations, ordering diagnostic tests and medications, and conducting health screenings, as well as other functions. PAs practice in both primary care settings and medical specialty settings, and they are employed in clinics, physicians’ offices, hospitals, surgery centers, and other settings. PAs typically practice with members of a health care team that includes nurses, nurse practitioners (NPs), medical laboratory scientists, medical assistants, radiologic scientists, and others, in delivering health care services. PAs, and NPs are non-physician medical providers who differ by education and licensure but work synergistically within a health care team.

Physician assistants graduating from the UNC-Chapel Hill program will be prepared to enter the workforce and address a documented shortage of primary care providers in North Carolina. Increasing the numbers of PAs can help alleviate a growing shortage of primary care physicians which is especially found in rural areas of the state.

This two-calendar year master’s degree program will include on-campus didactic and laboratory courses followed by structured clinical courses (also referred to as rotations), at UNC Hospitals, other UNC Health Care institutions, and in facilities arranged by the North Carolina Area Health Education Centers (NC AHEC). The clinical sites selected for rotations will be common settings for PA practice in North Carolina rural and urban communities.

Students will enter the PA Program in the Fall semester. The curriculum will consist of didactic and laboratory courses including clinical assignments involving patient contact for the first fall and spring semesters and both subsequent summer sessions. The first year courses will serve as a foundation for the second year courses. Second year clinical courses will begin with the fall semester of the second calendar year, include the following spring semester, and conclude at the end of the second summer session. The PA Program will culminate in awarding of the Master of Health Sciences (M.H.S.) degree.

The curriculum, admissions requirements, faculty needs, and other aspects of the PA Program are being developed in alignment with the Accreditation Standards for Physician Assistant Education© (Standards) published by the Accreditation Review Commission on Education for Physician Assistant, Inc. (ARC-PA). Upon graduation, PA students will be eligible for North Carolina licensure as physician assistants.

Applications will be accepted from students with baccalaureate degrees who have completed all prerequisite courses and met all other application requirements. It is expected that the PA Program will accept 15-25 students per class. Annual enrollment starting with program year two will be 30-50 PA students, with 15-25 graduating each year. Pending ARC-PA provisional accreditation, the first class will enroll in the Fall 2015 semester; this cohort will graduate in May, 2017.

The PA Program will be organized under the new Division of Physician Assistant Studies in the existing Department of Allied Health Sciences (DAHS), School of Medicine. Currently there are six Divisions in the DAHS, all offering master’s degrees, with some awarding doctoral and baccalaureate degrees as well. The PA Program Director will report to the Chair of the DAHS. The Chair of DAHS reports to the Dean of the School of Medicine. The School of Medicine also has Vice Deans and Executive Associate Deans who provide guidance on educational, clinical, and research issues.
The vast majority (91%) of PA programs offer a master’s degree as the highest credential and by 2020 all PA programs will be required to offer a master’s degree. Graduation from an accredited PA program does not confer the right to practice as a PA but does confer eligibility to take the Physician Assistant National Certifying Exam (PANCE). In order to practice, all PAs must pass the PANCE and become licensed in the state in which they choose to practice. A review of national data (see Table below) displays the diversity of types of degrees offered by physician assistant programs. With this data as reference the PA Program Director consulted with other Program Director’s to understand how degree names were selected at other institutions. Based on this the PA program felt that the selected degree name, Master of Health Science, most accurately represents the depth and breadth of education being offered at UNC Chapel Hill.

<table>
<thead>
<tr>
<th>Degree Title</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Science</td>
<td>26</td>
</tr>
<tr>
<td>Master of Health Science/Master of Science in Health Science</td>
<td>10</td>
</tr>
<tr>
<td>Master of Medical Science/Master of Science in Medicine</td>
<td>18</td>
</tr>
<tr>
<td>Master of Physician Assistant Studies/Master of Science in Physician Assistant Studies/ Master of Physician Assistant/ Master of Physician Assistant Practice</td>
<td>83</td>
</tr>
</tbody>
</table>

As observed, the Duke University PA program consistently ranked number one in the nation by US News and World Report has selected the MHS title as the program degree for PA graduates. The table below lists the names of some of the schools that offer the MHS/MSHS degree.

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<tr>
<td>Lock Haven University, Pennsylvania</td>
<td>MHS</td>
</tr>
<tr>
<td>George Washington University, Washington DC</td>
<td>MSHS</td>
</tr>
</tbody>
</table>

**Scope**

The PA Program is national in scope as admission is open to both in-state and out-of-state applicants. Accreditation received through the ARC-PA is nationally recognized. However, the program is designed to prepare graduate PAs who will address the healthcare work force needs of North Carolina. It is expected that the majority of applicants and enrolled students will be North Carolina residents.

**Intended audience**

The intended audience for the Master of Health Sciences-PA Program consists of individuals holding a baccalaureate degree and meeting all prerequisite courses and other published requirements for admission. This program will be an attractive option for students with a baccalaureate degree in the sciences and a strong interest in pursuing a health career, such as former military medics and students with undergraduate majors including biology, chemistry, psychology, and public health. The PA program will be especially appealing to students who desire a relatively rapid entry into a healthcare profession in which there is a focus on direct
Opening of the PA Program and application deadlines for the first entering class will be announced on a program website. Based on PA enrollment data from other North Carolina colleges and universities, announcement of this new program should generate a more than adequate number of applicants to fill the class.

**Background of the PA Program initiative**

There is a lengthy history of communication with UNC General Administration, including former system president Erskine Bowles and current system president Tom Ross, about a planning initiative for the UNC-Chapel Hill PA Program. The plans arose from a need identified in 2009 by the US Army Special Operations Command (USSOC) at Fort Bragg for post-service formal medical education for military medics, enabling medics to transition into civilian positions in North Carolina.

Planning a new PA Program at UNC-Chapel Hill represents a shared commitment on the part of representatives of Fort Bragg, the University of North Carolina System, and health insurer Blue Cross and Blue Shield to reducing the shortage of healthcare professionals in North Carolina. The planned UNC-Chapel Hill PA Program will address those needs, but will very importantly be responsive to the needs of the entire state of North Carolina, especially those citizens residing in medically underserved areas. The PA program seeks to address the documented shortage of primary care providers in many areas of North Carolina through multiple mechanisms such as selection of these areas as sites for clinical rotations and awarding scholarships to students who commit to serving in these areas after graduating.

Strategies employed by the UNC-CH School of Medicine to attract and retain MD students to work in rural areas include: Sarah Graham Kenan rural & underserved medical scholars program launched in 2012. This program allows a selected small group of medical students (seven in 2012 and six in 2013) to identify their interest in rural health, relate to a mentor rural preceptor, engage in a community project in a rural area in the summer after their first year, participate in the Asheville longitudinal program for their clinical education, and experience focused small group sessions to advance their skills and knowledge about rural primary care. Some scholarship support for these students is provided through the Kenan Charitable Trust. The purpose of this program is to ultimately increase the number of UNC SOM students seeking rural health careers in North Carolina and to provide financial support and enrichment experiences to sustain their decisions. A similar program is being piloted in 2014 in Charlotte, focusing on the Urban Underserved. Two students will participate this first year.

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community-based health science education at more than 1,300 community sites. In 2010-2011, health science students studying allied health, dentistry, medicine, nursing, public health, and pharmacy at many North Carolina colleges and universities completed 10,558 student months of training through AHEC supported community-based rotations.

**Background of military medics**

Military medics are prepared through extensive training and experience while in the service. They receive training in emergency and clinical medicine, veterinary medicine, and dental care. While deployed, medics often administer not only to service personnel but many others in the communities where they are serving. They leave the service highly skilled and experienced, but without the formal credentials needed to work in healthcare in the civilian sector. At best, former military medics may find some work as “paramedics”, jobs with much lower status, pay, and practice opportunities. There is no recognized civilian standard commensurate with their skill levels. For that reason, former military medics may seek enrollment in educational programs, including physician assistant programs, as a way to gain entry into the civilian healthcare workforce where their interest in healthcare and their skills can be applied.

Former military medics represent a distinct student population. They are frequently nontraditional in age and family status, e.g., older than traditional college students and married with dependents rather than single. Many former military personnel are from rural backgrounds. Upon leaving the service, many choose to remain in North Carolina where they were formerly stationed. The University of North Carolina System recognizes and has made a commitment to meeting the unique needs of military or former military personnel through the program, “UNC SERVES”.3 UNC Serves (Systemwide Evaluation and Recommendation for Veterans Education and Services) is a system wide initiative detailed at [http://www.northcarolina.edu/frc/uncserves/serves.html](http://www.northcarolina.edu/frc/uncserves/serves.html). An online Resource Guide identifies the programs and services that UNC-Chapel Hill and other state institutions provide active and retired military service personnel and their families.4

The relationship between the University of North Carolina and the United States Army Special Operations Command (USSOC) was formalized by a Memorandum of Agreement (MOA) in 2009. (See Appendix A.) This MOA led the way for subsequent communication and specific initiatives for the PA Program over the next 3 years. In December of 2012, Dr. Bill Roper, Dean of the School of Medicine, joined with UNC System President Tom Ross and Blue Cross and Blue Shield (BCBS) of North Carolina CEO and President Brad Wilson to announce plans for a new physician assistant program at UNC-Chapel Hill. At that time, BCBS pledged a gift of financial support to be used for program start-up costs. (Appendix B)

Key advantages of the PA Program cited at that time included preparing veterans to enter the workforce in NC, building on the experience and skills of military medics, and rapidly addressing the current healthcare provider shortage which is anticipated to increase secondary to implementation of the Affordable Care Act. Other advantages included the efficiency of educating PAs at UNC-Chapel Hill within the infrastructure of the UNC School of Medicine and Department of Allied Health Sciences and the opportunity for clinical education sites across the State of North Carolina, especially in those areas with documented shortages of primary care providers.

**Admission requirements**

Admission requirements for the proposed PA Program are consistent with ARC-PA Standards and those for other programs in the DAHS. They include:
1. Bachelor’s degree from a regionally accredited institution in the U.S. to be completed by the end of the spring semester prior to matriculation. No exception will be made to this requirement.

2. Recommended overall undergraduate GPA $\geq 3.0$

3. Recommended prerequisite courses GPA $\geq 3.0$ (see below)

4. GRE taken within 5 years of application.

5. Required and documented minimum of 1,000 hours of direct hands-on patient care experience. Examples of acceptable and unacceptable patient care experiences are shown below. This experience must be completed no later than Dec. 31 of the year prior to matriculation.
   - The median health care experience of PA program matriculants for 2010-2011 was 1355 hours (IQR 446.5-3620) and the mean health care experience was 3350 hours\textsuperscript{a2}. Prior healthcare experience is important for PA school for many reasons. Most PA programs are approximately two years in length. During this short period of time, students have an enormous amount of information to digest, rotations to experience, and skills to acquire. Given the obvious time constraints of PA school, prior patient care experience is essential. Upon starting PA education, having the most basic skills of patient interaction already in place will make the rigors of PA education easier.

6. Three letters of recommendation. Preference is given to applicants with two out of three letters from clinicians (e.g., PAs, Nurse Practitioners, MDs, or DOs). No personal recommendations are accepted.

7. Completion of all prerequisite coursework by Dec 31st prior to the year of matriculation. One pending prerequisite course is permitted if completed by May 31st before matriculation with a Grade of C or higher.

8. Meet the Physician Assistant Program Technical Standards for Admission, Progression, and Graduation. Each applicant is expected to review completely the Technical Standards and sign a statement that she/he has read, understood, and met them. (Appendix C.)

Examples of acceptable hands-on patient care experience relevant to admissions include:

Clinical Nutritionist/Dietician, Clinical Research Assistant, Emergency Medical Technician/Paramedic, Military Medic including Special Forces Medics, Radiological or Laboratory Technologist, Nursing (CNA, LPN, RN), Physical Therapist, Physical Therapy Assistant, Respiratory Therapist, Technician: EKG/Monitor, ER, Lab, Ophthalmologic, Pharmacy, Radiology, Surgery.

Examples that do not qualify as hands-on patient care experience include:

Any clinical experience while serving in a student capacity (e.g., student nurse, student EMT, student athletic trainer), volunteer positions (e.g., greeter in hospital/clinic), wilderness medicine instructor, patient transporter, ski patroller, life guard, aerobics instructor, unit clerk, insurance clerk, medical secretary or other clerical position.

9. Admissions considerations for veterans:
   - The PA Program is committed to recruiting and matriculating students from veterans with medical training and in particular Special Forces Medical Sergeants. Veterans will undergo an admissions process that recognizes and provides additional credit for medical service while in the military.
   - Prerequisite courses should have been completed within 10 years of matriculation into the PA program with grades “C” or better for qualified military medical personnel with documentation of deployment outside the US in the prior 10 years.
- For qualified military medical personnel serving tours of duty outside the US the onsite face-to-face interview may be conducted through other face-to-face technologies such as Skype.
- The PA program has thoughtfully considered and rejected the notion of a fixed number of slots to be reserved for medical military veterans. This is done with anticipation that in the next few years significant numbers of qualified veterans will muster out of the military. Limiting the number of slots might result in hampering flexibility and denying admission to qualified applicants. Consideration was also given to longevity and sustainability of the applicant pool. In the 1960’s Dr. Eugene Stead, founder of the PA program, believed the ideal candidate for an intensive two-year curriculum as someone with prior health care experience, as in the military medical corps. From 1967-76 close to 50% of PA students were medical corpsmen, but this fell to <1% from 1992-2000 as the number of qualified applicants significantly decreased.
- Medical and other health professions schools employ admission algorithms to score components of the admissions process. For example the personal statement component of an application may carry a score of 0-10 and an applicant might score 5. Individual scores for the different components are summarized to arrive at a composite score. Applicants are ranked based on their composite scores. The UNC PA program is in the process of developing such an algorithm. We anticipate one component to be “military medical service” wherein applicants with this credential will gain an extra score. Furthermore, when reviewing two applicants with identical composite scores preference may be given to the applicant with a background in military medical service.
- Veterans will receive recognition for their unique experiences when assessed for admissions to the program, however no PA Program academic credit or course reduction will be granted to former military medics based upon their field experience.

**Prerequisite Courses**

All prerequisite work must be done at a regionally accredited college or university in the United States (US). Prerequisite courses should have been completed within 7 years of matriculation into the PA program with grades “C” or better. See table below for a list of prerequisite courses. Exception – Prerequisite courses should have been completed within 10 years of matriculation into the PA program with grades “C” or better for qualified military medical personnel with documentation of deployment outside the US in the prior 10 years.

<table>
<thead>
<tr>
<th>Prerequisite Courses</th>
<th>Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy and Physiology – Lecture and Lab</td>
<td>2 semesters or equivalent</td>
</tr>
<tr>
<td>Genetics</td>
<td>Recommended</td>
</tr>
<tr>
<td>General Biology</td>
<td>2 semesters or equivalent</td>
</tr>
<tr>
<td>General Chemistry or higher with Lab</td>
<td>2 semesters or equivalent (Prefer biochemistry or organic chemistry as one of the courses )</td>
</tr>
<tr>
<td>Microbiology</td>
<td>1 semester</td>
</tr>
<tr>
<td>Population Science (e.g. Introduction to Sociology or Psychology or Epidemiology)</td>
<td>1 semester or equivalent</td>
</tr>
<tr>
<td>Statistics/Biostatistics</td>
<td>1 semester or equivalent</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

7
Admission Process

The UNC PA program is committed to diversity in the student body and in the physician assistant workforce. Applications from persons from all socioeconomic, racial/ethnic, and religious backgrounds are encouraged. Additionally, the PA Program is committed to recruiting and matriculating students from veterans with medical training and in particular Special Forces Medical Sergeants. Veterans will undergo an admissions process that recognizes and provides additional credit for medical service while in the military.

The UNC PA program will participate in the Central Application Service for Physician Assistants (CASPA) of the Physician Assistant Educators Association (PAEA). PA program applicants will be required to use the Central Application Service for Physician Assistants (CASPA) online at www.caspaonline.org. Official GRE scores three letters of recommendation, a personal statement, health care experience hours and official transcripts must be submitted to CASPA.

In keeping with other degree programs in the DAHS a supplemental application will be required of all applicants. The UNC PA program Admission Office is being developed to receive these applications which will include a personal statement.

Documents to be submitted for admission

Official transcripts from all colleges/universities attended, including transcript indicating awarding of baccalaureate degree; 3 letters of reference; official report of GRE scores; signed statement of Technical Standards (indicating document read); documentation form of direct patient contact hours. Documents to be completed by applicants will be available as links from the PA Program website.

Pre-admission advising

By providing current information about the PA Program, personnel at Fort Bragg and faculty at UNC-Chapel Hill will collaborate in assisting military medics who are interested in becoming PAs. The Medics will receive advice about undergraduate course selection that meets prerequisites, information about GRE preparation, and preparing and submitting other documents for the application. UNC-Chapel Hill students can receive similar information through the Health Professions Advising staff on campus and on the website.

Transfer credit

Transfer credit from any other physician assistant programs will not be accepted toward completing the course requirements of the UNC-PA Program.

Nationally PA programs are subject to the same standards and guidance provided by the ARC-PA and the PAEA. However, each program applies these standards differently. Courses are taught at different times of the academic year with some courses building on previous ones; the content of courses varies; frequently course content is influenced by the program’s mission and goals with some programs being focused on primary care, emergency medicine or generalist PAs. Therefore transferring credit either due to sequencing or content concerns will not be permitted and this is the practice followed at most PA programs.

Program accreditation
A formal letter of request for entry into the provisional accreditation process for a new Physician Assistant program was submitted by Dr. Lee Mclean, former Chair of AHS, in November 2011 and was accepted by the Accreditation Review Commission on the Education for the Physician Assistant, Inc. (ARC-PA). Following on this formal acceptance there are three major steps. In the first step the program is required to prepare and submit a feasibility study to ARC-PA. The feasibility study will examine the institution’s ability to deliver effective PA education based on available resources, careful planning and the need for a program in the local, regional and/or national area and will be submitted by March 14, 2014. The second step involves the completion of an application to ARC-PA which will be prepared and submitted by June 23, 2014. The third and final step involves a site visit by a team representing ARC-PA and is scheduled for September 14, 2014. Upon successful completion of each step, comprehensive review by ARC-PA, and a favorable outcome, the PA Program will be granted provisional accreditation. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the Accreditation Standards for Physician Assistant Education© (Standards) published by the ARC-PA. A timeline of activities related to the accreditation process is appended. (Appendix D)

Curriculum

Course content

Pending approval of this Request to Plan, the PA Program curriculum (all courses, objectives, content, competencies, evaluation tools, methods, course structure/format, etc.) will be developed over the next six months in alignment with the ARC-PA Standards. ARC-PA Standards will be used to inform, but not limit, curriculum development.

Program-specific factors including the Program’s mission and goals, North Carolina workforce needs, and the intended student audience will also be considerations in the proposed curriculum. Two educational consultants have been identified to advise the Program Director on curriculum development, and meetings are ongoing. The PA Program Medical Director, Program Faculty, and PA practitioners will contribute to curriculum planning.

Because there is currently no PA program at UNC Chapel Hill new courses will be developed paying careful attention to existing courses with similar content. The courses along with the opportunity for collaboration and inter-professional education are described in Section 6 of this document. Briefly, there are many opportunities for shared resources and collaboration with the SOM, SON, School of Pharmacy and with different divisions within the DAHS. For example, basic science courses such as gross anatomy and physiology are common to medical and graduate health professions. The existence of these courses on the campus means that qualified instructors are already identified who may in turn be available for instruction to PA students. Furthermore the PA program could reasonably draw on SOM faculty to teach the clinical medical sciences.

Since UNC does not have a PA program we anticipate that SOM faculty might benefit through an enhanced understanding of both PA education and PA practice parameters.

The UNC PA program in collaboration with the UNC SOM and the UNC Health Care System (HCS) is uniquely positioned to provide a rich clinical teaching experience on the wards of UNC teaching hospitals. UNC is a member of the NC Area Health Education Center (AHEC). AHEC-based residency programs prepare physicians (particularly in primary care) to serve the communities of North Carolina. Health science students studying allied health, dentistry, medicine, nursing, public health, and pharmacy at many North Carolina colleges and universities
receive part of their training under AHEC auspices in community hospitals, physicians' offices, rural health centers, public health departments, mental health centers, and other health-related settings. Dr. Warren Newton, Chair of Family Medicine and Director of NC AHEC, has pledged support to providing robust training sites in both family medicine and at NC AHEC sites to PA students (Appendix E).

**Proposed course formats**

The curriculum will include a combination of course formats, including on-campus lecture/discussion classes, hands-on campus laboratory sessions, and clinical courses (“rotations”) in a variety of UNC-affiliated healthcare institutions. The majority of courses will be located on either UNC-Chapel Hill’s campus or in the case of some clinical courses, will be conducted at off-campus sites.

Once specific course objectives/competencies have been delineated, the appropriate course format (didactic, laboratory, or clinical practice) will be chosen. All PA courses will be assigned course numbers, credit (semester) hours, and a faculty member who will be the principle person responsible for learning activities and student evaluation.

Students will progress through the first year curriculum as an admissions group cohort. Full-time study is expected of all students. Schedules of rotations through the clinical courses will vary by student, but all students will begin and end the second year as a cohort.

This is not intended to be an online program. Resources for students, some units of instruction, and possibly a limited number of individual courses may be delivered to students in an online format.

Supervised clinical practice experiences, referred to as “clinical courses”, are fundamental to the teaching of physician assistants, as they are in all health professions. These will be established as distinct courses with course numbers and credit hours, will result in a grade, and will be under the jurisdiction of a “Course Director” who is a core faculty member in the Division of Physician Assistant Studies. The Course Director will write course objectives, identify required competencies, develop student assessment tools, and advise Clinical Preceptors who are employed as staff by the participating healthcare facilities.

Program core faculty will be responsible for identifying practice sites suitable for clinical courses. Contractual agreements will formalize the relationship between the UNC-Chapel Hill PA Program and the practice site. Preliminary planning envisions that the majority of the clinical courses in the PA curriculum will be conducted at facilities in the UNC Health Care system or in those sites arranged by AHEC. Some will be held on campus at UNC Hospitals; others will be conducted at sites away from the main campus. A variety of types of clinical sites will be needed depending on the focus of the course. Students will be exposed to the widest possible variety of settings, including both rural and urban health centers, in order to maximize experience with diverse patient populations. Faculty will determine student schedules in the healthcare practice sites.

A letter of support for the PA Program from the Chair of Family Medicine and Director of NC AHEC is appended. (Appendix E)

**Organization of curriculum**

The curriculum for the PA program will be divided into two phases: the didactic phase and the clinical phase. The didactic phase will last 12 months and is anticipated to comprise
approximately 54 credit hours. The courses in this phase provide the essential foundation needed for the second year of the curriculum, clinical practice.

The clinical phase will take place over approximately 12 months and will comprise 7 required clinical rotations or courses, 2 elective rotations or courses and a 4 week course in which the students will complete an evidence-based practice Master’s paper. The anticipated total credit hours in the clinical phase is 40. The clinical phase builds on the first year courses and prepares PA students for post-graduation practice and licensure and certification examinations.

**Curriculum Outline**

1st Year Fall & Spring Semesters
Didactic & Laboratory Courses** on UNC-Chapel Hill campus

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy (4)</td>
<td>Clinical Medicine II (6)*</td>
</tr>
<tr>
<td>Physiology (2)</td>
<td>Fundamentals of Surgery (3)</td>
</tr>
<tr>
<td>Basic Med Sciences (2)</td>
<td>Patient Assessment I (2)</td>
</tr>
<tr>
<td>Clinical Medicine I (5)</td>
<td>Diagnostic Methods II (3)</td>
</tr>
<tr>
<td>Diagnostic Methods I (2)</td>
<td>Pharmacology and Therapeutics II (3)</td>
</tr>
<tr>
<td>Pharmacology and Therapeutics I (3)</td>
<td>History and Physical Diagnosis II (3)</td>
</tr>
<tr>
<td>History and Physical Diagnosis I (3)</td>
<td>Evidence Based Medicine II (2)</td>
</tr>
<tr>
<td>Professional Practice and the Health System I (1)</td>
<td>Behavior Medicine (2)</td>
</tr>
</tbody>
</table>

**Total credits 22**

1st Year Summer Sessions
Didactic & Laboratory Courses on UNC-Chapel Hill campus

<table>
<thead>
<tr>
<th>Summer Session I</th>
<th>Summer Session II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medicine III (3)</td>
<td>Clinical Medicine IV (3)</td>
</tr>
<tr>
<td>Pharmacology and Therapeutics III (1)</td>
<td>Pharmacology and Therapeutics IV (1)</td>
</tr>
<tr>
<td>Patient Assessment II(1)</td>
<td>Practice and the Health System III (1)</td>
</tr>
</tbody>
</table>

**Total credits 5**

**Some courses will be combined lecture, laboratory and patient contact.**
### 2nd Year Fall & Spring Semesters
Clinical Rotations conducted at clinical sites
(Rotation order varies by student)

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery (4)</td>
<td>OB/GYN (4)</td>
</tr>
<tr>
<td>Pediatrics (4)</td>
<td>Emergency Medicine 4)</td>
</tr>
<tr>
<td>Behavioral/ Mental Health Care (4)</td>
<td>Elective II (4)</td>
</tr>
<tr>
<td>Elective I (4)</td>
<td>Family Medicine (4)</td>
</tr>
</tbody>
</table>

### 2nd Year Summer Sessions
Clinical Rotations conducted at clinical sites
(Rotation order varies by student)

<table>
<thead>
<tr>
<th>Summer Session I</th>
<th>Summer Session II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine (4)</td>
<td>Evidence Based Medicine II/Master's paper (4)</td>
</tr>
</tbody>
</table>

### Student Evaluation

During the didactic phase frequent written and observational evaluations will be conducted throughout each course to assess each student’s acquisition of the required knowledge base to practice medicine as a Physician Assistant. They will include:

- **Course Content and End of Rotation Examinations**
  Examinations will vary with each course taught throughout the professional didactic and clinical phases of the Program. Test items will come from the objectives, lectures, and reading assignments for each course. Questions may be taken directly from lecture material not necessarily found in the text. Typically, 1 to 1½ minutes will be allowed for each test question. If a student believes that he or she needs more time on an examination or quiz, the student must have documentation from the Department for Disability Support Services.

- **Clinical Skills Assessments (CSA):** Students must demonstrate acquisition of the diagnostic, clinical and interpretive skills needed to fulfill the Technical Standards of Performance.

- **Objective Standardized Clinical Evaluations (OSCE):** These practical assessments are designed to evaluate each student’s skills and abilities to obtain a patient’s medical history, appropriately perform physical examinations, critically analyze the diagnostic dataset to establish a problem list/differential diagnosis, formulate a treatment plan, and provide appropriate patient education.

- **Faculty/Preceptor Evaluations of Student Performance:** These will be prepared at the end of each semester during the didactic year and at the end of each clinical practice rotation during the clinical year. The assessments are primarily used to evaluate professionalism, participation, communication skills, and overall performance.
A comprehensive summative evaluation will be conducted at the end of the didactic courses in the first year of the Program. This comprehensive summative evaluation will be used to provide each student with a detailed assessment of their mastery of professional competencies for the PA. The evaluation will likely comprise three assessments:

1. A comprehensive written examination, such as the Physician Assistant Clinical Knowledge Rating Assessment Tool (PACKRAT). This exam is modeled after the national Physician Assistant Certifying Examination (PANCE)
2. Multiple clinical skills assessments (CSA)
3. One or more OSCE(s) using trained patient models.

In order to progress to the clinical year, students will be required to pass the CSA and OSCE components of the summative evaluations and achieve a passing score on the PACKRAT. The passing PACKRAT score will be determined by the program after analysis of all test results.

At the end of each clinical practice rotation during the clinical year, students will undergo as outlined in the didactic phase above a CSA, OSCE, and Faculty/Preceptor Evaluation of Student Performance.

A comprehensive summative evaluation will be conducted at the end of the clinical year of the Program and before graduation. These evaluations will likely comprise three assessments: A comprehensive written examination (the PACKRAT), multiple clinical skills assessments (CSA), and one or more OSCE(s) using trained patient models.

Students are required to take all courses in the PA program curriculum.

Registration in PA courses is limited to admitted and matriculated PA students.

**Academic progress**

The grading system to be used (H, P, L, F, IN) will be consistent with that of graduate programs at UNC-Chapel Hill.

Students are required to achieve minimum grades of P in didactic and clinical courses in order to progress through the curriculum and to graduate. Students who earn one or more L’s or one F as final course grades in any semester will be dismissed from the PA Program. Students who earn one final course grade of L will be reviewed by a committee consisting of the Program Director and PA faculty. The committee will decide if remediation will be offered. The PA Program will notify the student in writing of dismissal. There is a policy for appeal of student dismissals for the DAHS.

Within any given clinical course, failure of an end-of-rotation examination must be satisfactorily remediated if possible. Faculty Course Directors will decide if remediation of clinical work is feasible. Any student failing two end-of-rotation exams will be placed on academic probation and the third failure of an end-of-rotation exam will result in recommendation for program dismissal. Students may appeal a dismissal decision according to DAHS policy/procedure.

Students must obtain a passing grade of P or higher on all three components of the comprehensive summative evaluation conducted near the end of the clinical year to be eligible for graduation.
Students who fail any component of the summative evaluation will require remediation and retesting of the failed component. A second failure will result in the student being given a grade of “Incomplete” (IN) for their final clinical rotations course/semester. They will be immediately placed on Academic Probation and a plan for remediation will be developed which may include (but is not necessarily limited to) additional assigned clinical practice experience.

There are no requirements for independent research in the PA curriculum.

We anticipate that barring exceptional circumstances, all students will complete the program within the required 24 months. If a student experiences unforeseen circumstances, such as personal or family illness, and as a result is unable to complete the program within the requisite 24 months, the student will undergo faculty committee review. Each case will be evaluated on an individual basis. Arrangements may be made for additional time needed for course completion at the discretion of the committee.

Educational objectives of the proposed PA Program

The educational goals for the Master of Health Sciences-PA Program are derived from its Mission Statement:

The mission of the University of North Carolina at Chapel Hill (UNC) Physician Assistant (PA) program is to promote high quality, accessible patient-centered health care for the people of North Carolina and the nation through excellence in education, scholarship and clinical service. The UNC PA program is committed to the health care and workforce needs of North Carolinians and will use an inter-professional approach to prepare skilled and compassionate health care practitioners across the continuum of life. Goals include:

1. To produce didactically and clinically competent and contextually sensitive Physician Assistants by providing an educational environment that fosters learning and prepares students for a range of clinical practice settings.

2. To prepare generalist PA students for practice settings in rural or urban medically underserved areas through emphasis on health promotion, disease prevention, cultural competency, and primary care.

3. To develop and promote an interdisciplinary orientation to health care delivery.

4. To provide educational and training opportunities for non-traditional students, with attention to those who have served in medical military settings, such as the Special Forces medics, for careers in medically underserved areas.

b. the relationship of the proposed new program to the institutional mission

The proposed Master of Health Sciences-PA Program is consistent with the missions of UNC-Chapel Hill, the School of Medicine (SOM), and the Department of Allied Health Sciences (DAHS). Multiple key points contained in the 2009 UNC-Chapel Hill mission statement are echoed in the
mission statements of the SOM and DAHS. All are relevant to the proposal to plan a PA Program, and include themes of education and service to the citizens of North Carolina.

- To teach a diverse community of undergraduate, graduate and professional students to become the next generation of leaders (UNC-Chapel Hill mission statement)
  Through a commitment to educating military medics, The UNC-Chapel Hill PA Program will increase diversity of the healthcare workforce by inclusion of veterans. Many military medics are already experienced leaders who may be expected to continue leading in the civilian sector of healthcare provision. The addition of PAs to the current mix of students studying health professions, including medicine, nursing, nurse practitioners, and the many students enrolled in programs in the Department of Allied Health Sciences (DAHS) will increase diversity within the Division of Health Affairs. Disciplines in the DAHS include occupational and physical therapy, clinical laboratory science, speech language pathology, audiology, rehabilitation counseling, and others. The new PA Program will also increase diversity among the healthcare providers that are available to citizens of North Carolina.

A focus on education through “exemplary teaching” is also found in the mission statements of the DAHS and in the SOM’s focus on “excellence in educating tomorrow’s health care professionals”.

- To enhance access to learning and to foster the success and prosperity of each rising generation. (UNC-Chapel Hill mission statement)
  Access to an affordable PA Program will help enhance entrance to this professional field to students who may not have otherwise been able to afford the costs of attending a private institution. Six of the seven accredited PA programs in North Carolina are located in private institutions. The sole public institution offering a PA program, ECU, admits only 35 students per year, and our research suggests there is unmet demand which the proposed program will help to address. (See section on Student Demand that follows.)

- To extend knowledge-based services and other resources of the University to the citizens of North Carolina and their institutions to enhance the quality of life for all people in the State. (UNC-Chapel Hill mission statement)
  Preparing students for the PA profession offers the potential for increased access to primary care for the citizens of North Carolina. As many as 1 million residents lack access to primary care, a problem that is especially acute in rural areas. Currently 6% of North Carolina counties have no active PAs, and 33% of counties report having fewer than two PAs per 10,000 residents. PAs are capable of providing primary care health services, and PA students will be assigned to at least one clinical site in an underserved area during the clinical year of the program. North Carolina also faces an increasing shortage of physicians practicing primary care, especially in rural areas of the State. Increasing the supply of PAs who have had clinical rotations in rural area practices will help address this challenge.

Given the existing shortage of health care providers in NC and the anticipated increase in demand due to an aging population and implementation of the affordable care act we predict NPs, DNPs and PAs playing complementary and synergistic roles resulting in an increased supply of both types of practitioners to help alleviate a shortage of primary care physicians. Furthermore as the UNC DNP program is preparing nurses both for direct clinical practice and for executive roles in areas that support clinical practice such as administration, organizational leadership, and health policy, we anticipate that a
The proportion of DNPs will assume leadership positions and will therefore be unavailable for direct clinical practice.

The table below provides information about the PA and NP professions.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PHYSICIAN ASSISTANT</th>
<th>NURSE PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Health care professionals licensed to practice medical care with physician supervision.</td>
<td>Registered nurses with advanced education and training in a clinical specialty who can perform delegated medical acts with physician supervision.</td>
</tr>
<tr>
<td>Philosophy/Model</td>
<td>Medical/physician model, disease centered, with emphasis on the biological/pathologic aspects of health, assessment, diagnosis, treatment. Practice model is a team approach relationship with physicians.</td>
<td>Medical/Nursing model, Biopsychosocial centered, with emphasis on disease adaptation, health promotion, wellness, and prevention. Practice model is a collaborative relationship with physicians.</td>
</tr>
<tr>
<td>Education</td>
<td>Affiliated with medical schools. Previous health care experience required; most require entry-level bachelors degree. The program curriculum is advanced science based. Approximately 1000 didactic and over 2000 clinical hours. All PAs are trained as generalists- a primary care model and some receive post-graduate specialty training. Education is procedure and skill oriented with emphasis on diagnosis, treatment, surgical skills, and patient education. Currently, more than 80% of programs award Masters degrees and all are currently transitioning to the master’s level.</td>
<td>Affiliated with nursing schools. BSN is prerequisite; curriculum is bio-psycho-social based, based upon behavioral, natural, and humanistic sciences. Approximately 500 didactic hours and 500-700 clinical hours. NPs choose a specialty training track in adult, acute care, pediatric, women’s health or gerontology. Emphasis on patient education, diagnosis, treatment and prevention. Generally not trained for surgical settings and are not taught procedural skills. NPs generally have Masters degrees.</td>
</tr>
<tr>
<td>Certification/Licensure</td>
<td>Separate accreditation and certification bodies require successful completion of an accredited program and NCCPA national certification exam. NCCPA certification is the gold standard.</td>
<td>Nursing accreditation and multiple nursing certification agencies. Master’s Degree required to sit for exam. The national certification is voluntary and utilized for advanced nurse prescribers within their specialty training.</td>
</tr>
<tr>
<td>Recertification</td>
<td>Recertification requires 100 hours of CME every 2 years and exam every 6 years with transition to 10 years. Recertification is comparable to family</td>
<td>Recertification requires 75 CEUs every 5-6 years. No exam is required. NP’s practice under their basic RN license under the Nurse Practice Act.</td>
</tr>
</tbody>
</table>
physicians. All PAs are licensed by their State Medical Board and the Medical Practice Act provisions.

Scope of Practice

The physician assistant scope of practice is defined by education and experience, state law, facility policy, and physician delegation. State laws allow physicians broad delegatory authority. This allows for flexible, customized team care. Any service the PA provides should be within their skill set, and within the skills of the supervising physician. A summary of State Laws and Regulations can be found at http://www.aapa.org/PAlaws.

As Registered Nurses, NPs hold independent licenses to practice nursing. Individual state practice acts generally govern the rules and regulations under which NPs practice. Because practice acts are state specific, regulations for NP practice vary considerably from state to state. Thirteen states and the District of Columbia require no formal practice relationship between NPs and physicians. Other states require either a collaborative or supervisory relationship between NPs and physicians. To find out the specific rules contact the state’s Board of Nursing. Contact information can be found at the American Academy of Nurse Practitioners’ website, www.aanp.org or www.acnpweb.org, under regulatory information.

Third Party Coverage and Reimbursement

PAs are eligible for certification as Medicaid and Medicare providers, Commercial payer reimbursement is currently variable.

NP’s are eligible for certification as Medicaid and Medicare providers, and generally receive favorable reimbursement from commercial payers.

The SOM mission statement includes, “provide superb care to North Carolinians and others we may serve” and “maintain our strong tradition of reaching underserved populations”. Furthermore, reference to “patient-centered clinical practice” is a key part of the DAHS mission. The addition of the PA program to the SOM and DAHS will enhance the ability to provide health care services that are focused on direct patient care. Primary care services in underserved rural and urban areas of North Carolina will be enhanced through the placement of PA students in clinical rotations.

c. the relationship of the proposed new program to existing programs at the institution and to the institution’s strategic plan

Relationship of proposed program to existing programs

There is no PA program and no PA-specific coursework offered at the present time at UNC-Chapel Hill.
Applicants to the Master of Health Sciences-PA Program will require academic preparation for meeting admissions standards. Baccalaureate degrees and all courses needed as PA Program prerequisites, including biological sciences, mathematics, and chemistry, are offered at UNC-Chapel Hill in the College of Arts and Sciences. Staff in the health professions advising office will provide undergraduates with information about the new PA Program, as they do for other upper division or graduate programs in the health sciences.9

The proposed PA Program is closely related to other health profession disciplines in the Department of Allied Health Sciences (DAHS). The similarity of missions, curriculum structure, faculty expectations, and administrative needs are closely aligned with those of the other divisions in the DAHS. As an example, administrative staff process contractual affiliation agreements with clinical sites and process applications. There are student scholarships available in the DAHS for which PA students will be eligible. While most courses in the PA Program are unique to PA, there are some courses in other DAHS divisions which may be applicable, such as courses in research, aging, early intervention, developmental disabilities, and healthcare administration. An example of this is the need for instruction in the significance and effectiveness of laboratory tests such as the detection of the abnormal cells that cause leukemia, the analysis of cardiac enzymes and the identification of the type of bacteria causing an infection which will be similar for students in the PA program and in some of the Clinical Laboratory Science programs.

Notwithstanding the challenges and opportunities that inter-professional learning presents, The UNC PA program is committed to seeking out inter-professional learning opportunities in both the didactic and clinical phases. When academic calendars, class schedules, resources and appropriate course content can be arranged, PA students will take part in learning experiences with students in other professions, e.g., medicine, nursing, pharmacy, clinical laboratory sciences, physical therapy etc. However the PA program is fully cognizant of the challenges associated with inter-professional learning. While sharing courses across multiple disciplines could result in considerable cost savings, the programs focus and attention will be to ensure that the PA students receive optimal instruction and course content is appropriate for PA students.

The most closely related discipline to PA is the medical school MD curriculum, however, physician assistant studies are distinct in terms of content, depth, and breadth. Effective August 2014, the medical school will implement a new curriculum for medical students which incorporates less in-class time and more self-motivated online computer based learning. These changes increase the difficulty of collaboration between the PA program and the medical students. However, after these changes have been successfully implemented, the PA program hopes to engage in a dialogue with regard to course sharing. We agree that cadaver and simulation labs will be shared.

The PA Program curriculum will be designed to meet the needs of the PA, but will coordinate courses with the MD medical student curriculum and other courses in the DAHS when applicable and feasible. Incorporating existing courses into the curriculum will be explored during further refinement of the PA Program curriculum and following discussions with other Division Directors in the DAHS. Currently the curriculum for medical students is under revision, and the PA Program Director will be meeting again with the curriculum coordinator when decisions about medical school course content and format are finalized.

**Relationship of proposed program to institution’s strategic plan**

The proposed Master of Health Sciences-PA Program is in alignment with strategic planning as described in *Our Time, Our Future: UNC Strategic Directions for 2013 – 2018.* (January 30,
The PA Program will contribute to **Goal 1, setting degree attainment goals responsive to state need**, by educating master’s level graduates able to address the needs of the North Carolina healthcare workforce. Data presented in the document indicate that the job sector requiring advanced degrees beyond the baccalaureate comprises the fastest growing job sector in North Carolina. Planning for a new PA Program also contributes to **Goal 3, Serving the people of North Carolina**. Overall, 70% of graduates of UNC system schools remain in the State, and it is likely that graduates of the PA program will practice in North Carolina and address the need for primary care providers in many areas of the state.

The Master of Health Sciences-PA Program is also in alignment with strategic planning in the School of Medicine and Department of Allied Health Sciences for similar reasons. An additional aspect of the strategic plans of the SOM, to increase collaboration within the SOM, will be facilitated through discussions involving sharing of courses. Dr. Menezes, UNC PA program director, has met with Dr. Julie Byerley, Vice Dean for medical education to initiate these discussions. Dr. Menezes also met with Dr. Debra Barksdale, Director UNC DNP program, and a quarterly meeting schedule has been established to discuss mutual collaboration and opportunities for inter-professional education. Email contact has been made with Dr. Terrence Kenakin, Dept. of Pharmacology, and a meeting is being arranged for later in the fall.

d. **special features or conditions that make the institution a desirable, unique, or cost effective place to initiate such a degree program**

**Strength/Reputation of existing programs**

The Department of Allied Health Sciences (DAHS) at UNC-Chapel Hill has a national reputation for preparing excellent practitioners in disciplines such as physical therapy, occupational science, speech-language pathology, audiology, rehabilitation counseling and psychology, clinical laboratory science, and radiologic science. Similarly, the School of Medicine (SOM) is well known for excellence in primary care. The resources of UNC-Chapel Hill, DAHS, SOM, School of Nursing, School of Public Health, School of Dentistry, and School of Pharmacy in terms of faculty expertise, research, and assets available for course development, leadership in administration, facilities, and others can be drawn upon in development and establishment of this new program. As outlined above discussions for collaboration and sharing of resources have already been initiated with SOM, Nursing and Pharmacology. The UNC PA program is committed to fiscal responsibility and will seek every opportunity available for sharing of existing courses offered by other disciplines in the health-affairs schools. These potentially cost-effective resources will be explored as the PA Program curriculum is further developed.

**Special/Unique features**

Based on a long history, the relationship between UNC-Chapel and the USSOC at Fort Bragg is a unique aspect of this proposed Master of Health Sciences-PA Program. By providing current timely information about the program, personnel at Fort Bragg and faculty at UNC-Chapel Hill will collaborate in assisting military medics who are interested in becoming PAs. We believe this will position the PA Program at UNC-Chapel Hill to be the sole PA program in the state with a goal of educating former military medics for the civilian healthcare workforce.

e. **Evidence of Societal Demand and Employability of Graduates.**
In North Carolina, an estimated 1 million people live in areas that do not have access to health-care that effectively serves their communities, and the gap will continue to grow. The recently enacted Affordable Care Act will increase the number of people seeking care, expanding the need for providers. In addition, aging health-care professionals are reaching retirement in increasing numbers.

The PA leadership team has reviewed and incorporated data provided by the Cecil G. Sheps Center for Health Services Research, a health services research center based at UNC, which describes the health care workforce needs in North Carolina with particular focus on primary care (University of North Carolina Board of Governors. Monitoring. The Progress of North Carolina Graduates Entering Primary Care Careers. October, 2013). In 2007, there were 416 medical graduates from the four medical schools in the state: Duke, Wake Forest, East Carolina, and UNC at Chapel Hill. In 2012, less than one-third (n=132) of the 2007 graduates remained in one of the four primary care specialties (Family Medicine, Pediatrics, General Internal Medicine, Obstetrics/Gynecology). Of greater concern are North Carolina state specific statistics which show the state retention rate for primary care practitioners in 2013 was only 14% (n=56) of the 2007 graduates. Furthermore merely 5% (n=7) of these primary care practitioners provided care in the rural counties of the state. These results do not bode well for meeting the future primary care needs of the state.

The Physician Assistant experience in North Carolina As medical care providers, PAs have been essential during times of physician shortages and, historically, it was a lack of doctors in underserved areas that first spurred their creation. Once again, experts believe that the U.S. faces an insufficient number of physicians, with projections indicating that the supply will be unable to keep pace with demand; by 2025, a shortage of 124,000 primary care physicians is anticipated. Consequently, analysts have suggested that there will be an increased reliance on PAs, particularly for the delivery of primary care. Since such a low percentage of NC State’s medical graduates enter into and are retained in primary care settings, it seems likely that the state will need to depend on a steady if not increasing supply of PAs.

According to data made available from the American Academy of Physician Assistants in 2013, there were over 5,600 PAs in North Carolina. About 35.8% practice in primary care (Family Medicine with and without Urgent Care, OB/GYN, general internal medicine and general pediatrics). Since 2003 the number of PAs per 10,000 population in North Carolina has exceeded the national average (Fig 1). Equally encouraging is the geographic distribution and areas of practice of PAs. For every 100 physicians practicing in a county designated as a whole county persistent health professional shortage area (PHPSA) in 2009 there were 35. 2 PAs, a substantial increase from 1990 when there were only 7 PAs per 100 physicians (Fig 2). In 2003, 82% of PAs practicing in whole county PHPSA were in family or general practice (Fraher, E. The Supply of Primary Care Physician Assistants and Nurse Practitioners in Underserved North Carolina. Journal of Physician Assistant Education, 2006 17(1), 39-42.)
It is clear that PAs are making important contributions to the health workforce in the state and the region. That said, the number of primary care physicians produced by NC medical schools remains low and appear...
unlikely to meet anticipated demand. Having an additional supply of well-trained PAs as primary care providers is desirable. The resulting of increasing the numbers of PAs available to help staff the state’s primary care workforce as well as to promote and increase workforce diversity would bring benefits to the state’s citizens and health care institutions.

**PA Employment** It should be noted that in 2003 while there were only 139 graduates from NC PA programs, 315 new PAs were added to the NC work force (Fraher, E. The Supply of Primary Care Physician Assistants and Nurse Practitioners in Underserved North Carolina. Journal of Physician Assistant Education, 2006 17(1), 39-42.). This suggests that the number of NC PA graduates did not meet work force demand and increasing the number of PA graduates who are likely to continue to reside and practice in the state is reasonable and expedient.

According to the Bureau of Labor Statistics (BLS), U.S. Department of Labor, as published in the 2012–2013 *Occupational Outlook Handbook*, employment of PAs is expected to grow 30 percent from 2010 to 2020. This “much faster than average” growth of the PA profession reflects the increasing need for primary health care providers and PAs resulting from increasing numbers of physicians entering specialty areas of medicine and the cost-effectiveness of physician assistants.

### 2. Provide documentation of student demand and evidence of the proposed program’s responsiveness to the needs of the region, state, or nation.

**Student demand**

A review of enrollment data from four PA Programs in North Carolina provides one means of estimating potential student demand. The four programs for which admissions data is available are shown in the table below.

**North Carolina PA Program admissions data.**¹¹

<table>
<thead>
<tr>
<th>Institution</th>
<th># Applicants</th>
<th># Accepted (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke University¹</td>
<td>878</td>
<td>84 (9.6% of total applicants)</td>
</tr>
<tr>
<td>Elon University¹</td>
<td>906</td>
<td>38 (4.2% of total applicants)</td>
</tr>
<tr>
<td>Methodist University²</td>
<td>&gt;500</td>
<td>40 (8% of total applicants)</td>
</tr>
<tr>
<td>Wingate University³</td>
<td>657</td>
<td>45 (6.9% of total applicants)</td>
</tr>
</tbody>
</table>

¹¹ Class entering 2012
² Previous trends
³ Class entering 2013

The UNC-CH PA program proposes to enroll 15-25 students per year for the first 3-5 years. Since the program is a two year program after the first year the total PA student cohort will be 30-50. At inception, most programs have smaller student cohorts gradually increasing in size over time. For example in the first five years of its inception (1967–71) the total student cohort of the Duke PA program numbered 71 which is @ 15 students per year and is significantly lower than the current
annual enrolment of 84 students. A smaller student body allows developing programs to rapidly and effectively address any initial difficulties that may arise.

There were a total of 2,941 applications and 207 accepted students in one year across the four programs. The acceptance rate average was 7%. The unmet need of students for this degree (or excess student demand) is 2,734 students based on this sample. Although, it is possible that not all of these applicants were qualified it appears likely that most were as all PA student applicants are centralized through the Centralized Application Service for PAs which scrutinizes applications for completeness and eligibility. The Master of Health Sciences-PA Program at UNC-Chapel Hill is expected to enroll 15-25 students per class. The demand for PA education in North Carolina appears to far exceed the supply of places in educational programs. There exists a sufficient applicant pool in North Carolina to ensure adequate numbers of potential students for this proposed PA Program.

Nation-wide student enrollment data indicates that PA programs are consistently filled to near capacity. There were 141 programs responding to the most recent survey published by the ARC-PA which reports on enrollment in 2010 – 2011. Accredited programs reported that they were filled on average to 96% of their first year student capacity. Other data from ARC-PA surveys reveals an upward trend in PA Program enrollment rates in recent years.12

It is anticipated that student demand for the Master of Health Sciences-PA Program at UNC-Chapel Hill will come in part from former military medics. In a national survey of Special Forces military sergeants (medics), 92% indicated they would like to pursue careers in healthcare after leaving the military. Approximately 50% of them stated they would like to become PAs.13 The survey was sent to 1221 soldiers through the Special Forces Medical Sergeant (SFMS) email listserv, and 243 responses were received.13

Another significant source of student demand will come from undergraduate students at UNC-Chapel Hill and other universities within the UNC System. In May 2012, approximately 350 students graduated with a baccalaureate degree in Biology from UNC-Chapel Hill. According to the “First Destination Survey of May 2007 Bachelor’s Degree Recipients”, approximately 46% of biology majors pursue further education.14 PA program prerequisites commonly include multiple courses in biology, including physiology, anatomy, general biology, microbiology, and genetics.12 Due to the large number of biology courses needed to apply to PA programs, it is likely that many applicants majored in biology as undergraduates.

Program’s responsiveness to state, regional and national needs

The need for healthcare services, and therefore healthcare providers, is increasing nationwide and across North Carolina. Concurrent trends and interrelated events are driving this increase, including an increasingly older population who require more healthcare services for chronic disease as they age. The number of insured individuals is expected to further drive up the demand for healthcare services due to enactment of the Affordable Care Act. At the same time, there is a need to reduce healthcare costs—a need which is expected to grow as a result of increased demand for services. The Master of Health Sciences-PA Program at UNC-Chapel Hill will help address these issues in the following ways.

- Need to reduce healthcare costs

Reducing healthcare costs is challenging in part because of the nature of healthcare delivery, including a dependence on highly educated practitioners and the demand for quality. Labor costs
comprise the largest portion of healthcare expenses. Recently, the number of healthcare jobs has increased 12% over five years. One approach to reducing costs is to alter the labor mix in both qualitative and quantitative ways. One approach to reducing costs is to alter the labor mix in both qualitative and quantitative ways. Delegating some tasks assumed by doctors to physician assistants (PA) and then increasing the number of PAs is an example of this approach.

Between 1990 and 2001, the number of PAs relative to the number of primary care physicians increased, indicating that PAs were being increasingly employed to deliver healthcare. Increasing the supply of physician assistants in North Carolina will improve access to healthcare through a lower cost alternative to educating and employing increased numbers of medical doctors. This is because preparing a PA typically requires only two years of graduate education, compared to a minimum of four years post baccalaureate degree needed to prepare a medical doctor for entry level. Most physicians spend 3 – 8 years in residency programs after four years of medical school, while PAs are immediately employable upon graduation and acquiring state licenses.

According to data from the Bureau of Labor Statistics, salaries for PAs are typically about one-half of those earned by medical doctors. Therefore employing increased numbers of PAs to deliver both basic and specialized health care will benefit the citizens of North Carolina through lower healthcare costs.

Need to improve healthcare access

As many as one million residents of North Carolina lack access to healthcare. This is especially true of people living in rural areas. One contributing factor is that fewer physicians are entering into or remaining in primary care practices in rural areas of North Carolina. The unmet need for primary care and uneven distribution of need is also true on the national level, where a shortfall of 65,800 primary care doctors is predicted by 2025. Presently only 24% of new doctors trained in U.S. programs are going into primary care practice, however the percentage varies widely across programs. In education programs with an emphasis on primary care, the percentage of physicians going into primary care is often much higher.

Educating PAs to practice in primary care has the potential to improve access in rural areas. However, the present supply of PAs does not meet current needs, and is expected to remain insufficient over the next 15 years. In 2011, there were 3,881 PAs practicing in North Carolina, but the distribution of PAs across North Carolina is not uniform. Six counties employ no PAs, and 33 counties employ less than 2 per 10,000 population.

Lower numbers of PAs are found in counties or portions of counties designated as persistent health professional shortage areas (PHPSA). The number of PAs per 10,000 population in PHPSA counties ranges from 0.5 to 1.7, compared to an average of 3.7 PAs per 10,000 population in non-PHPSA counties. Ten percent of North Carolina counties are designated as whole county PHPSA, and 31% of counties are designated as part-county PHPSA. Based on this data from 2011, it is clear that PAs are most highly needed in specific areas of North Carolina. By placing PA students in these rural areas for clinical courses (rotations), they will be encouraged to return for employment in primary care. In general, graduates of healthcare professions programs are frequently offered jobs in settings where they completed clinical rotations as students.

In 2011 there were 21.7 physicians per 10,000 population in NC which is only slightly less than the national average of 22.8 per 10,000 population suggesting that the NC physician supply is growing at a good pace. Where a physician completed a residency appears to be a good predictor of retention in NC; more physicians (46%) who complete a NC AHEC residency stay in North Carolina to practice compared to physicians (36%) who complete a non-AHEC residency. These
AHEC trained residents are more likely to practice in rural areas as compared to non-AHEC trained residents. (http://www.shepscenter.unc.edu/hp/presentations/NChospitalCEO_20Feb2013.pdf)

UNC Family Medicine has a residency track with Piedmont Health Services in Caswell County (2 residents per year in 3-year program). Teaching health centers are community health centers (CHCs) that train physicians and other providers to provide care to vulnerable communities, such as those in disadvantaged and rural area. Partnerships between CHCs and academic programs – teaching health centers – have been proven to increase the primary care physician workforce in underserved health care settings. Participating residents are 3.4 times more likely to work in a CHC and 2.7 times more likely to work in an underserved health care setting than others.

While similar data for PAs in NC is unavailable, discussions to collect this data in the future are taking place between the Sheps Center and NC AHEC. Data available from the AAPA demonstrates that nationally PAs are helping to extend care to areas most in need: in 2010 about 17 percent of PAs practiced in rural areas (https://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3848). A survey of practicing PAs in Texas reported a relationship between completion of rural clerkships and rural practice choice; a larger percentage of those who chose rural starting practice had participated in a rural clerkship (22.3%) than those who had not participated in a rural clerkship (6.8%) (Diemer D, Leafman J, Nehrenz GM S, Larsen HS. Factors that influence physician assistant program graduates to choose rural medicine practice. J Physician Assist Educ. 2012;23(1):28-32.). Taken together these data indicated that medical and PA students’ choice of practice area after graduation is in part influenced by location of clinical training clerkships.

3. List all other public and private institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program. Identify opportunities for collaboration with institutions offering related degrees and discuss what steps have been or will be taken to actively pursue those opportunities where appropriate and advantageous.

Only one institution in the University of North Carolina system, East Carolina University (ECU), offers an accredited PA program. The proposed PA Program at UNC-Chapel Hill will likely be similar in structure to ECU’s program as both are/will be accredited by the same organization, ARC-PA. A fundamental difference between the UNC and ECU PA programs is the UNC-Chapel Hill PA Program’s focus on enrolling and training former military medics and the existing close collaboration with Special Operations Forces at Ft. Bragg.

Despite the fact that ECU is located over 100 miles from Chapel Hill, every opportunity for sharing of resources between the two programs will be explored. During curriculum planning, courses or components of courses that might be taught in distance learning formats will be investigated. A meeting (by phone) between the UNC PA Program Director, Dr. Prema Menezes and the ECU Program Director, Dr. Alan Gindoff was held on 10/2/13, and they will meet in person at the annual conference of the Physician Assistant Educators Association (PAEA) later in October. In way of introduction, Dr. Gindoff stated by email to Dr. Menezes, “... I wish you well
and am prepared to collaborate so that our 2 schools may prosper and provide outstanding clinicians to care for the people of North Carolina.”

By opening a second UNC system program, access of North Carolina residents to affordable PA programs will increase through the addition of 15-25 student positions per year. System-wide capacity for educating PAs will increase as much as 71%. (ECU accepts 35 students per year.)

Other PA programs in North Carolina are housed in private universities where the educational cost to the student is at least twice as great as a publicly supported program. The fact that students can attend UNC-Chapel Hill’s PA Program will offer financial advantages to the individual student, such as requiring fewer student loans. The private universities include: Campbell University, Duke University, Elon University, Methodist University, Wake Forest University, and Wingate University.

Dr. Menezes and Mr. Tom Colletti, Program Director Campbell University PA Program, met on Oct 3, 2013 at UNC-Chapel Hill. Ms. Pat Dieter, Chair, Duke University PA Program, met with Dr. Menezes on Sep 4th. The Duke University PA Program has begun a consultancy service for new and established PA programs. In this capacity Ms. Dieter has been invited to meet with the UNC-Chapel Hill PA program advisory committee later in October.

4. Are there plans to offer all or a portion of this program to students off-campus or online? If so,
   a. Briefly describe these plans, including sites and method(s) of delivering instruction.
   b. Indicate any similar programs being offered off-campus or online in North Carolina by other institutions (public or private).
   c. What is the estimated percentage of courses in the degree program that will be offered/available off-campus or online: __________
   d. Estimate the number of off-campus or online students that would be enrolled in the first and fourth years of the program:
      
      First Year Full-Time _________ Part-Time _________
      
      Fourth Year Full-Time _________ Part-Time _________

Note: If a degree program has not been approved by the Board of Governors, its approval for alternative, online, or distance delivery is conditioned upon BOG program approval. (400.1.1[R], page 3)

No, this program is intended to be offered on the campus of UNC-Chapel Hill and in UNC Health Care or AHEC facilities. It will not be offered online. While there is a possibility that a few courses may be taught online, most PA education requires direct instruction and physical presence of students especially for courses that involve laboratory instruction and patient interaction.

Because of the demanding schedule of the PA program and the amount of instruction students receive in a short period of time, there is little opportunity for part-time studies and most programs prefer that students not be employed. The most recent data shows that very few PA programs offer part-time options or expanded time frames in which to complete the training.
5. Estimate the total number of students that would be enrolled in the program during the first year of operation: **Full-Time** ____15 - 25____  
**Part-Time** ____0____

Estimate the total number of students that would be enrolled in the program during the fourth year of operation: **Full-Time** ____30 - 50____  
**Part-Time** ____0____

6. Will the proposed program require development of any new courses:  
**Yes** _X_ **No**

If yes, briefly explain.

**Accreditation requirements for courses**

Because there is no PA program at UNC new education courses to be offered at UNC-Chapel Hill, will be developed. The curriculum will include coursework cited by the ARC-PA Standards, which specify that PA programs will provide instruction in:

- The applied medical sciences, to include: anatomy, physiology, pathophysiology, pharmacology and pharmacotherapeutics, and the genetic and molecular mechanisms of disease.
- Clinical medicine covering all organ systems
- Interpersonal and communication skills
- Patient evaluation, diagnosis, and management
- Clinical medical care across the lifespan
- Technical skills and procedures based on current professional practice
- Social and behavioral sciences, including normal and abnormal development across the lifespan
- Basic counseling and patient education skills
- Searching, interpreting, and evaluating medical literature
- Health care delivery systems and health policy,
- Concepts of public health relative to the practicing PA
- Patient safety, quality improvement, prevention of medical errors, and risk management
- PA licensure, credentialing, and laws and regulations regarding practice
- Healthcare reimbursement, documentation of care, coding, and billing
- Principles and practice of medical ethics
- History and current trends in PA practice

The course content within the PA Program curriculum will also address special needs of North Carolina citizens through an emphasis on:

- The needs of special populations, including military veterans, for clinical care, e.g., traumatic brain injury and post-traumatic stress disorder.
- Primary care for low-income citizens in both rural and urban settings

Within the framework of the above required curriculum the PA program has and will continue to explore opportunities for collaboration and inter-professional education. PAs must learn to order, interpret and
perform certain laboratory tests. The DAHS has several courses within the Division of Clinical Laboratory Science (CLS) that provide instruction in the significance and effectiveness of laboratory tests such as the detection of the abnormal cells that cause leukemia, the analysis of cardiac enzymes and the identification of the type of bacteria causing an infection. When reviewing course content there may be areas of commonality with some of the other allied health professions. An example of this is the need for instruction in the significance and effectiveness of laboratory tests such as the detection of the abnormal cells that cause leukemia, the analysis of cardiac enzymes and the identification of the type of bacteria causing an infection which will be similar for students in the PA program and in some of the Clinical Laboratory Science programs. Therefore opportunities for collaboration between the Divisions of CLS and PA studies will be closely explored. Similar opportunities also exist with the SOM. Dr. Menezes has met with Dr. Kurt Gilliland, Interim Director of Medical School Curriculum, to discuss shared use of the anatomy laboratory and associated facilities with special attention to prosections. It is anticipated that the Clinical Skills and Patient Simulation Center at the UNC School of Medicine will be a shared resource used to teach both PA and medical student’s physical examination and history taking skills. SON resources including simulation labs will be of use to educating PA students and preliminary discussion with Dr. Carol Durham, Director SON simulation center, has begun.

**Requirement of a Capstone/Master’s Project**

Most degrees awarded through PA programs are considered to be professional master’s degrees, oriented to practice, terminal in nature and designed to incorporate the standards established by the profession. Among PA programs “capstone projects” show considerable diversity and include non-traditional types of research, including systematic and narrative reviews and community service. Data suggests widespread support of a systematic literature review as an appropriate capstone project and reflects the importance of evidence based practice in clinical medicine and health care.21

Evidence-based practice has emerged as the standard by which established and future providers will be expected to execute the delivery of medical care. During the didactic (first) year of the program students will be introduced to the concepts of evidence based practice; will learn to evaluate the quality of published literature dealing with disease diagnosis, prognosis, treatment, harm and cost-effectiveness; and will be given the opportunity to apply these concepts during the course of their training. In the clinical (second) year students will identify a clinically relevant question and use the systematic review approach to complete an evidence-based review paper that will answer the question. The evidence based review paper will serve as the capstone/master’s project for the PA students.

**New didactic courses to be developed**

Please note that at this time the curriculum is under development and that specific course needs are in draft form. Once approval for this Request to Plan is secured, more definitive planning will be based on an analysis of the feasibility of course sharing with the medical student curriculum, other healthcare disciplines in the DAHS, or courses at other institutions.

Tentatively, we anticipate the need for 22 didactic courses in the first year, including:

<table>
<thead>
<tr>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>4</td>
</tr>
<tr>
<td>Basic Medical Sciences</td>
<td>2</td>
</tr>
<tr>
<td>Behavioral Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Medicine I</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Medicine II</td>
<td>6</td>
</tr>
</tbody>
</table>
New clinical courses to be developed

As a preliminary plan, we anticipate the need for 10 new clinical practice courses. Although these courses will be specific to the PA discipline, opportunities for course sharing with other departments in the School of Medicine will be explored.

New clinical courses will include:

<table>
<thead>
<tr>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>4</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>4</td>
</tr>
<tr>
<td>Behavioral Med/Mental Health Care</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Elective I</td>
<td>4</td>
</tr>
<tr>
<td>Elective II</td>
<td>4</td>
</tr>
<tr>
<td>Evidence Based Medicine II</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total credits 40**

Justification for number of credit hours

The educational philosophy of PA education in the United States has traditionally been based on a model of competency. The Association of Physician Assistant Programs (APAP) (now PAEA) Degree Task Force said in its final report in 2000: "A master’s degree most accurately reflects the rigor of the PA curriculum and the evolution of the profession."22

In 2005, the American Academy of Physician Assistants, APAP (now PAEA), ARC-PA, and National Commission on Certification of Physician Assistants approved a jointly developed document, *Competencies for the Physician Assistant Profession*, which includes the kind of
analysis, integration, evaluation, and information management skills that have traditionally been considered “graduate level.” This document provides a formal structure to help guide curriculum planners at PA programs and is the first to be endorsed by all of the entities representing the PA profession at a national level. Rigorous compliance with the competencies has proven to be effective in preparing PAs to pass the national certifying examination and to meet state licensing board requirements but requires a large investment in both time and effort. This has resulted in an intensive condensed and focused medical education over 24 months. In the didactic year students spend on average 40 hours per week in the classroom and laboratory settings. Furthermore, as adult learners, it is expected that students will actively engage in independent study, inquiry and fieldwork outside the classroom to augment learning and to maximize effectiveness of classroom and laboratory contact time. During the clinical rotation year students often spend time in education and training at clinical sites for much longer than a 40-hour week. This high level of direct contact hours in the didactic and clinical years reflects the number of credit hours the UNC-Chapel Hill PA program proposes to award students and is in line with the number of credits awarded nationally by PA programs (see table below) including the ECU PA program, a part of the UNC System. The number of credits to be awarded in the UNC-Chapel Hill PA Program is slightly more than other master’s degree programs in the DAHS. These include the M.S. in Occupational Therapy (63 credits), M.S. in Speech Language Pathology (approximately 60 credits), and M.S. in Rehabilitation Counseling (>60 credits). Credit hours for the proposed PA program have been assigned to reflect what is typical for PA programs at other institutions and to be somewhat consistent with master’s degrees at UNC-Chapel Hill.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Didactic credits</th>
<th>Clinical credits</th>
<th>Program Length (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbell University</td>
<td>60</td>
<td>60</td>
<td>27.5</td>
</tr>
<tr>
<td>Duke University</td>
<td>58</td>
<td>41</td>
<td>24</td>
</tr>
<tr>
<td>Emory University</td>
<td>75</td>
<td>49</td>
<td>29</td>
</tr>
<tr>
<td>East Carolina University</td>
<td>59</td>
<td>40</td>
<td>27</td>
</tr>
<tr>
<td>George Washington University</td>
<td>60</td>
<td>44</td>
<td>24</td>
</tr>
<tr>
<td>University of Washington</td>
<td>78</td>
<td>Not specified</td>
<td>24</td>
</tr>
<tr>
<td>UNC-Chapel Hill (PROPOSED)</td>
<td>54</td>
<td>40</td>
<td>24</td>
</tr>
</tbody>
</table>

7. Will any of the resources listed below be required to deliver this program? (If yes, please briefly explain in the space below each item, and state the source of the new funding and resources required.)

   a. New Faculty: Yes__X___ No _____

The Accreditation Review Commission-Physician Assistant (ARC-PA) requires at a minimum a full time program director, 3 full time faculty and a 0.20 FTE medical director who is a licensed physician and who actively contributes to the program. With a total student capacity of 40 students (over 2 program yrs.) the faculty to student ratio is 1 faculty for every 13.3 students which is close to the national average of 12.4. Ideally, we would like to have a faculty to student
ratio closer to that of the Duke PA program which is ranked number one in the country and will work toward that goal. We acknowledge that the work load will be considerable but anticipate that faculty will teach a limited number of courses with additional instructor support from faculty in the SOM.

A Program Director has been hired as of August 1, 2013, and a Medical Director has been appointed. Currently a faculty search for two full-time positions is underway. (Appendix F)

We anticipate that other UNC faculty from several relevant disciplines, especially those in medicine, DAHS, Pharmacy, and Public Health will participate in the education of PA students. Faculty with expertise in specific areas, such as pediatrics, emergency medicine, research methods, and clinical laboratory science will provide one or more lectures or laboratory instruction based on requirement and expertise.

The program will follow the broad outlines of the University for teaching graduate students. All PA principal faculty will be expected to have at least a Master’s level degree. Faculty from other disciplines will also be expected to have at least a Master’s level degree. PA faculty course loads have yet to be determined. Expectations for teaching, service, and research productivity will be determined for each new hire, and will be consistent with the guidelines for Fixed Term Appointments in the DAHS.

We anticipate central funding for these positions from the UNC School of Medicine, and a letter of support is appended. (Appendix G) The following individuals have been appointed as UNC-Chapel Hill PA Program faculty:

Prema Menezes, PhD, PA-C, Associate Professor  
Program Director, Physician Assistant Program  
Department of Allied Health Sciences

Timothy P. Daaleman, DO, MPH, Professor  
Medical Director, Physician Assistant Program  
Vice Chair, Department of Family Medicine

b. Additional Library Resources: Yes ____ No ___X____

The UNC-Chapel Hill Health Sciences Library (HSL) will be an important resource for faculty and students in the PA Program. Presently the HSL subscribes to numerous electronic journals, e-books, and approximately 30 databases such as PubMed and CINAHL. It has an up-to-date collection of medical references and print journals, and a helpful and resourceful staff. The HSL also offers quiet study spaces, conference and small group meeting rooms, work tables, and photocopy machines. The HSL supports the Schools of Medicine, Dentistry, Public Health and Nursing.

As the PA curriculum is planned, faculty will conduct a review of journal subscriptions in the HSL. Additional resources specific to physician assistants will be requested if needed. The Health Sciences Library along with online resources publicly available should be adequate to meet the needs of the PA Program, and it is unlikely that additional resources will need to be purchased.
c. Additional Facilities and Equipment:  Yes ___ No __X__

PA curriculum and medical student education and curriculum are complementary. Therefore establishing a PA program at UNC is most attractive as it facilitates the use of shared resources already in existence in the School of Medicine. In anticipation of sharing facilities and equipment Dr. Menezes has met with Dr. Julie Byerley, Vice Dean for medical education. Dr. Byerley is currently leading the overhaul of the MD curriculum, which will launch in August 2014. As the new medical student curriculum evolves, it offers an opportunity to consider points of integration for PA students, particularly as the new MD curriculum has goals in common with the PA program: to promote the development of leadership skills, professionalism, and service to others.

A letter of support from Dr. Cam Enarson, SOM Vice Dean for Finance and Administration, attests to the sharing of physical resources (office and classroom space) and clinical resources for the proposed PA Program. (Appendix G).

d. Additional Other Program Support:  Yes ___ X___ No ____

(for example, additional administrative staff, new Master’s program graduate student assistantships, etc.)

ARC-PA Standards require that a 1.0 FTE administrative assistant be available to the PA program. We anticipate central funding for this position from the School of Medicine.

8. For graduate programs only:
   a. Does the campus plan to seek approval for a tuition differential or program specific fee for this new graduate program?  Yes ___ X___ No ______
   b. If yes, state the amount of tuition differential or fee being considered, and give a brief justification.

We plan to apply the same tuition differential currently approved for all graduate level professional degree programs in the Department of Allied Health Sciences, including the Masters in Molecular Diagnostic Science, Masters in Radiologic Science, MS of Occupational Science, MS in Rehabilitation Counseling, and MS in Speech and Hearing Science, and others. For the 2013-2014 academic year, the approved differential rate is estimated at $2,425 per semester, or $4,850 for the academic year. This school based tuition is in addition to the standard tuition and fees for a full time graduate student at UNC-Chapel Hill.

9. For doctoral programs only:
   a. Describe the research and scholarly infrastructure in place (including faculty) to support the proposed program.

   b. Describe the method of financing the proposed new program (including extramural research funding and other sources) and indicate the extent to which additional state funding may be required.

   c. State the number, amount, and source of proposed graduate student stipends and related tuition benefits that will be required to initiate the program.
This section is not applicable to the proposed PA Program which is for a Master’s degree.

10. List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.

PA Program Planning and Advisory Board Members

Prema Menezes, PhD, PA-C, Associate Professor
Program Director, Physician Assistant Program
Department of Allied Health Sciences
919-966-9040
prema_menezes@med.unc.edu

Timothy P. Daaleman, DO, MPH, Professor
Medical Director, Physician Assistant Program
Vice Chair, Department of Family Medicine
919-966-3889
tim_daaleman@med.unc.edu

Lee K. McLean, PhD
Associate Dean and Chair, Department of Allied Health Sciences
919-966-9040
lee_mclean@med.unc.edu

Bruce A. Cairns, MD, FACS
Professor of Surgery and Director, Jaycee Burn Center
919-966-3693
bruce_cairns@med.unc.edu

Amelia F. Drake, MD
Executive Associate Dean for Academic Programs
The School of Medicine
919-966-1321
amelia_drake@med.unc.edu

This request for authorization to plan a new program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor ___________________________________________ Date ________________________
References


11. Personal communication. Data obtained from four universities by phone interviews conducted by Nakeva Wilkins, 9/13.


Appended Documents

A. Letter of Agreement between The University of North Carolina and The United States Army Special Operations Command

B. Excerpt from Blue Cross and Blue Shield of North Carolina Media Clipbook

C. Technical Standards of the PA Program

D. Division of PA Studies Timeline

E. Letter of Support from Warren P. Newton

F. Faculty position announcements

G. Letter of Support from Cam Enarson

H. Letter of Support from Lee McLean
Division of PA Studies Timeline

August 2013

- Determine prerequisites
- Marketing
- Meet community and hospital leaders
- Mission statement

Mar-Jun, 2014
- Build curriculum
- Identify clinical rotation sites
- Work on ARC-PA Descriptive Report
- Open application for admissions for first PA class (Class of 2017)

Oct-Nov, 2014
- Admissions interviews
- Adjunct Faculty recruitment

Aug-Sep 2014
- Prepare for site visit
- Finalizing notebooks/requirements need for site visit
- Continue working on clinical sites
- Review application for admissions for first PA class (Class of 2017)

Jan-Mar, 2015
- Adjunct Faculty recruitment
- Prepare for next admissions student cohort
- Masters Capstone Project finalized

April-July, 2015
- Final prep for CO2017 Matriculation
- Application period for CO2018
- Summative Exams developed

September 15 & 16, 2014: ARC-PC provisional accreditation site visit one

MARCH 2015: Receive provisional ARC-PA accreditation decision

AUGUST 2015: First PA students start

June 23, 2014: ARC-PA Application and Descriptive Report due to ARC-PA

June-Aug, 2014
- Complete details (signed Affiliation Agreements, etc.) for clinical rotations.
- Build all aspects of PA program for first 15 months of the PA Program (August 2015 – Dec 2016).
- Review prospective applications; determine who will be invited for interviews

Jan-Mar, 2014
- PA faculty start
- Write feasibility study
- 15 Mar 2014 FEASIBILITY study due

Oct-Dec, 2013
- Conduct Feasibility Study
- Curriculum outline
- Advertise and interview for two full-time PA faculty positions
- Identify/partner with Schools of Medicine/Nursing/Pharmacy
- Marketing/advertising PA program/information sessions
September 25, 2013

Prema Menezes, PhD, PA-C
Director, Physician Assistant Program
Associate Professor of Allied Health Sciences and Medicine
3106 Bondurant Hall
Campus Box #7120

Dear Dr. Menezes:

On behalf of the School of Medicine Dean’s Office, I would like to state our strong support for the development of a Physician Assistant Program in the UNC School of Medicine. This program will help us meet long-established needs in primary care and will interact with the Schoolhouse at Fort Bragg to optimize the training of a select group of Special Forces Medics who wish to transition their skills after their military commitment.

The program will be housed in the Department of Allied Health Sciences. This department is an integral part of the School of Medicine and receives substantial ongoing support for our missions of teaching, research, and service. We have a longstanding commitment to this department and the programs contained within it including the new PA program under development. As the new program develops we expect to share physical resources (e.g. library, classroom and office space) as well as clinical resources for the PA program. After the start-up period, we expect that tuition and other funding including clinical revenues will be more than adequate to support this program.

Sincerely,

Cam Enarson, MD, MBA
Vice Dean for Finance and Administration

CEE/bcm
September 23, 2013

Steven W. Matson, PhD, Dean
The Graduate School
214 Bynum Hall
The University of North Carolina at Chapel Hill
CB#4010
Chapel Hill, NC 27599-4010

Dear Dean Matson:

I am writing to you to indicate my enthusiastic support of the attached Request to Plan a new master’s degree in Health Sciences. Beginning in 2009, the School of Medicine, Department of Allied Health Sciences (SOM/DAHS) been working closely with several other units in the School of Medicine in ongoing interactions with the U.S. Special Operations Medical Training Center (USSOMTC) located down in Ft. Bragg. An early manifestation of this collaboration has been the implementation of the Advanced Medic Instructors Training (AMIT) project, which brings medical instructors from USSOMTC to do rotations with our Medical School residents in selected areas, including the Burn Center, Anesthesiology, and Surgery. This project has not only allowed the USSOMTC instructors to learn the latest evidence-based medical procedures; but, critically, has also helped our SOM faculty and students develop a recognition and sensitivity to the unique experiences and military culture that an increasing number of our citizens bring to the UNC Health Care System.

Concurrent with the development of the AMIT project, we became aware of a great interest in, and potential benefits of a UNC/SOM/DAHS based Physician Assistant degree program. Many of these experienced and highly skilled advanced medics are very motivated to continue providing primary health care to individuals who may have limited access to medical personnel. However, their military medic training and experience does not allow them to practice in the civilian world. For a few of these veterans, Medical School is a viable option; however, many more have identified Physician Assistant as their desired role in civilian life. Unfortunately, for reasons explained in our Request to Plan, only a very small percentage of these veterans will be able to enroll in any of North Carolina’s many P.A. programs, or even in the military’s own national Physician Assistant education program. Thus, one reason we seek to develop a program here at UNC is to provide an option that recognizes the unique qualifications these Special Forces medics would bring to such a program; and, at the same time, be attuned to their needs to be acculturated into the civilian health care system, while providing the same type of cross-cultural learning to civilian P.A. students who may have little experience or understanding of military culture and the needs of returning veterans whom they will be serving in North Carolina.
Of course, we are also highly motivated to develop this program because our interactions with these medical veterans have convinced us that they have ‘the right stuff’, in terms of intelligence, desire to serve others, creativity, and professionalism, to become excellent primary care providers. They are used to being responsible for the delivery of medical care when and where it is needed, and will likely seek that same level of instrumentality in their civilian practice. As we develop the admission policies and procedures for this new program, our goal will be to use experiential and aspirational criteria, as well as academic requirements, to select both veteran and civilian/non-veteran students who manifest these qualities. We expect that graduates of our P.A. program will be drawn to primary care, and to practice in North Carolina’s many underserved communities – both urban and rural.

Within the SOM, our Department has been identified as the obvious home for such a program, because of our unique structure and experience in administering a number of other non-medical, accredited graduate health professions programs (e.g., DPT, MS-OT, AuD, MS-SLP, MS-RCP), which have all achieved national recognition for their high quality. Over the past two years, we have shared this vision with others on campus, including Dean Swanson (Nursing), Provost Carney and Associate Provost Strauss, as well as Stephanie Schmidt in your office. I am excited and gratified that we are finally ready to begin the formal planning process with this Request to Plan. As I step into retirement next month, I know my successor and the SOM Dean’s Office will continue our strong support and desire for this program. And, I will continue to follow the program’s development with great interest!

Thank you for your consideration of this proposal. Please don’t hesitate to contact me if you have any questions or suggestions for us as we move forward.

Sincerely,

Lee K. McLean, Ph.D.
Chair and Associate Dean
School of Medicine
Department of Allied Health Sciences
September 26, 2013

Timothy P. Daaleman, DO, MPH
Medical Director, UNC Physician Assistant Program
Department of Family Medicine
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7595

Dear Tim,

I write in enthusiastic support of the ARC-PA application for establishment of a Physician Assistant (PA) Program at the University of North Carolina at Chapel Hill. This program is clearly aligned with the Department of Family Medicine’s (DFM) and the North Carolina Area Health Education Centers (AHEC) Program’s commitment to the health care and workforce needs of North Carolinians. As you well know, developing innovative approaches to develop a highly trained primary care workforce has been a major focus in the DFM. Our clinical sites encompass the full scope of family medicine and include a robust hospitalist service at UNC Hospitals with community linkages, the largest outpatient clinic in the UNC Health Care System (i.e., the UNC Family Medicine Center), which has attained NCQA recognition in diabetes and patient-centered medical home (level 3), and hospitalist and emergency medicine services at Chatham Hospital, a critical access hospital.

In addition to clinical sites through Family Medicine, the AHEC Offices of Regional Primary Care Education (ORPCE) facilitates community-based education experiences for medical students, and I can clearly see extending this resource for PA students. These offices help coordinate and organize the many primary care community-based physicians who participate in medical education programs and assist teachers and students in the education process, support community-based preceptors, and ultimately help to create more primary care providers, especially in underserved and rural areas.

In that spirit, as Department Chair and AHEC Director, I am pleased to pledge support for your ARC-PA application. It clearly builds upon the strengths of our department, an integrated health care system, strong linkages with our military partners, and the AHEC program. In summary, your proposal has my full support and, as Chair of Family Medicine and AHEC Director, I am committed to supporting robust training sites for PA students.

Sincerely,

Warren P. Newton, MD, MPH
William B. Aycock Distinguished Professor and Chair of Family Medicine
Vice Dean & Director, North Carolina Area Health Education Centers Program
March 4, 2014

Prema Menezes, PA, PhD
Director, UNC Physician Assistant Program

Dear Dr. Menezes,

On behalf of the School of Nursing at the University of North Carolina at Chapel Hill we are pleased to offer support for the Physician Assistant master’s degree program currently being developed within the UNC School of Medicine, Department of Allied Health Sciences. We applaud your special focus on veterans, particularly those with medical backgrounds and those from the U.S. Army Special forces. We share in and support your mission “to promote high-quality, accessible, patient-centered healthcare for the people of North Carolina and the nation through excellence in education, scholarship, and clinical service.”

As you know, US News and World Report ranks the School of Nursing at UNC-Chapel Hill as #4 in the country based, in large part, on its four highly ranked advanced practice nursing education programs. We prepare primary care nurse practitioners as Family Nurse Practitioners (FNP); Psychiatric Mental Health Nurse Practitioners (PMHNP); Pediatric Nurse Practitioners (PNP); and Adult-Gerontology Nurse Practitioners (AGNP) via degree-granting programs leading to the Master of Science in Nursing (MSN) or the new Doctor of Nursing Practice (DNP) and via a graduate certificate program: Post-Master of Science in Nursing Certificate (PMSN).

We look forward to continuing discussions on how nurse practitioners, physician assistants and other health professions student will be able to learn together, share limited clinical placement options, and develop greater skills in interprofessional teamwork. Recent evidence suggests that well-functioning and collaborative teams have better health care outcomes for the people/patients they serve. You have already invited Debra J. Barksdale, PhD, RN, Family NP and Director of the DNP program to serve on your PA Program advisory board and you have also met with Carol Durham, EdD, RN, Director of the Education-Innovation-Simulation Learning Environment (EISLE) about clinical practice opportunities in the simulation labs.

Clearly, there is a great need for more primary care providers in the State of North Carolina. According to the North Carolina Institute of Medicine (an independent, quasi-state agency chartered by the NC General Assembly in 1983 to provide balanced, nonpartisan information on issues of relevance to the health of North Carolina’s population), the state needs an adequate supply of health care practitioners “to provide the preventive, primary care, and specialty services needed to maintain and improve health” of NC residents. Of the 100 counties in NC, 56 are designated as Health Provider Shortage Areas and 91 are designated as Medically Underserved Areas. The PA program will be able to provide clinicians to help meet the health care needs in these areas.
We are committed to finding meaningful ways to work together and, thusly, offer North Carolinians access to evidence-driven primary care from a highly quality advanced practice workforce. Please do not hesitate let us know how we might further support you and the PA program.

Sincerely,

[Signature]
Kristen M. Swanson, PhD, RN, FAAN
Dean and Alumni Distinguished Professor

[Signature]
Debra J Barksdale, PhD, RN, FNP, FAAN
Associate Professor and Director,
Doctor of Nursing Practice Program

[Signature]
Carol T. Durham

Carol Fowler Durham, EdD, RN, ANEF, FAAN
Clinical Professor
Director, Education-Innovation-Simulation Learning Environment
February 17, 2014

Prema Menezes, Ph.D, PA-C
Director, Physician Assistant Program
Associate Professor of Allied Health Sciences and Medicine
3106 Bondurant Hall
Campus Box #7121
Chapel Hill, NC 27599

Dear Dr. Menezes,

I write to express my strong support of the developing University of North Carolina at Chapel Hill (UNC-CH) PA program.

Our two universities are proud members of the University of North Carolina, the oldest public university in the nation. As such we share the same strategic direction and goals. I believe establishing the UNC-CH PA program brings us closer in alignment with strategic planning as described in Our Time, Our Future: UNC Strategic Directions for 2013 – 2018. (January 30, 2013). Among others this program will specifically contribute to Goal 1: setting degree attainment goals responsive to state need, and Goal 3: Serving the people of North Carolina.

Working in close collaboration our two programs will contribute to Goal 2: Strengthening academic quality and Goal 4: Maximizing efficiencies. We have discussed opportunities for sharing both didactic and clinical resources. As your program develops we hope to continue this dialogue to our mutual benefit.

I wish you much success with your ARC-PA accreditation application and the intent to establish application to the UNC Board of Governors.

ALAN GINDOFF DHSc, PA-C
CHAIR, PROGRAM DIRECTOR
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
CLINICAL ASSOCIATE PROFESSOR DEPARTMENT OF FAMILY MEDICINE
COLLEGE OF ALLIED HEALTH SCIENCES
MAIL STOP 668
4310L HEALTH SCIENCES BUILDING
EAST CAROLINA UNIVERSITY
GREENVILLE, NC 27834
April 16, 2014

Laura J. Stuetzer
Associate Executive Director

12000 Findley Road, Suite 150
Johns Creek, GA 30097
Email: arcpaljs@hotmail.com

Prema Menezes, PhD, PA-C
Director
Physician Assistant Program
University of North Carolina at Chapel Hill
CB# 7121, Bondurant Hall
321 South Colombia St.
Chapel Hill, NC 27599
Email: prema_menezes@med.unc.edu

Dear Dr. Menezes:

The ARC-PA has completed its review of the Feasibility Study for the Physician Assistant Program at the University of North Carolina at Chapel Hill.

The purpose of this correspondence is to provide you with comments to consider in the final preparation of your application materials or as you prepare for questions that may be asked of you during the site visit to your program. The comments do not address the quality of the document in its entirety and are not intended to give advice. They do not imply compliance or noncompliance with the Standards and should in no way be used to predict the outcome of your application for provisional accreditation.

You should NOT rewrite or edit your feasibility study in any way. You should not prepare any formal response to the comments for submission to the ARC-PA.

The following were noted during the review of your feasibility study, based on the FEASIBILITY STUDY Guide and Report Instructions©:

- The program followed the Guide and Report Instructions with clearly delineated categories of content as listed in the Table of Contents.
- The report was 41 pages in length and included five appendices.
• The report stated that the “Request for Authorization to Plan,” submitted by the program in November 2013, must first be approved by the Chancellor and then by the UNC General Administration (page 5). In addition, the report indicated that the program must submit an “Intent to Establish” proposal to the UNC Board of Governors for approval. (page 23) The timeline does not indicate when these decisions may be rendered. (page 23)
• The report provided limited information about the 1.0 FTE staff position assigned to the program. (page 18)
• As identified by the institution, physical space for the program is a potential limitation. (page 21)
• The report did not include a list of potential instructional faculty as required. (Appendix 4, page 38)

Any changes you choose to make to your application documents, other than to the feasibility study which should NOT be edited, must be done in advance of your submission of materials to the ARC-PA offices as you have been directed. This feasibility study is tied to the application you will submit. Your application materials are due in the ARC-PA office on June 23, 2014. Your site visit is scheduled for September 15-16, 2014.

Please note that the site visit for the program is scheduled before the anticipated date of program approval by the University of North Carolina Board of Governors. If such approval is not received prior to the commission meeting at which the program is considered, no accreditation decision will be made. In that case, the program will be placed on an alternate commission agenda. Additional information from the program may be required.

As noted in the application materials, the site visit team may ask you for supporting documents related to your application. However, the site visit team will NOT accept any new or revised materials that they did not request.

If you have any questions about this letter or the process, please contact me at arcpaljs@hotmail.com or Heather McGovern, Assistant Director of Accreditation Services, at heather@arc-pa.org.

Sincerely,

Laura J. Stuetzer
Associate Executive Director

Rosann Ippolito, PhD, PA-C
Assistant Director

cc: Stephen R. Hooper; Chair/Associate Dean, Department of Allied Health Sciences; Email: stephen_hooper@med.unc.edu
John McCarty; Executive Director, ARC-PA
MEMORANDUM OF AGREEMENT (MOA) 
BETWEEN 
THE UNIVERSITY OF NORTH CAROLINA (UNC) 
AND 
THE UNITED STATES ARMY SPECIAL OPERATIONS COMMAND (USASOC) 

SUBJECT: UNC-USASOC Partnership 

1. References. 

   a. Title 5, United States Code, Section 552, Freedom of Information Act, 6 Sep 66. 
   
   
   c. AR 621-1, Training of Military at Civilian Institutions, 28 Aug 07. 
   
   d. Joint Federal Travel Regulation, Volume 1, 1 Jun 09. 
   
   e. Joint Travel Regulation, Volume 2, 1 Jun 09. 
   
   f. AR 621-5, Army Continuing Education System, 6 Sep 09. 
   
   
   h. North Carolina General Statutes Section 116-1 et. seq. UNC is defined as the UNC General Administration, the seventeen constituent campuses of the UNC and its affiliated entities. 
   

2. Purpose. UNC and USASOC desire to continue a collaborative partnership that allows the military and academic communities to mutually benefit through shared capabilities, expertise, and interest in national security. 

3. Background. This MOA reinforces the existing partnership between UNC and USASOC and replaces the previous MOA established on 12 November 2009. The UNC-USASOC partnership has produced
SUBJECT: UNC-USASOC Partnership

meaningful contributions to national security and both parties wish to maintain guidelines, procedures, and responsibilities for a well-established and functioning UNC-USASOC partnership. This MOA provides the framework for effective collaboration and shared expertise between the academic and military communities in support of U.S. National Security objectives.

4. Scope. The scope of the partnership between UNC and USASOC personnel will be in accordance with (IAW) the particular needs and requirements specified by USASOC and identified by UNC. Under the charge of UNC’s Strategic Directions, and ARSOF 2022 and the ARSOF Campaign of Learning, USASOC will proactively anticipate and seek solutions to challenges, needs, and requirements. UNC’s statewide education attainment goal of 32% for Bachelors and higher degrees by 2018 will incorporate aggressive and achievable education attainment targets for military-affiliated students.

   a. The scope of the partnership is wide ranging and will continue to explore the following areas of interest, without limitation:

**Human Performance**
- Strength and Conditioning
- Nutrition
- Rehabilitation and Physical Therapy
- Traumatic Brain Injury

**Science and Technology**
- Behavioral Science
- Engineering
- Computer science and Information Systems
- Materials science
- Anthropology
- Sociology
- Geographic Information Systems
- Political Science
- Research and Development
- Human Domain

**Education**
- Army Senior Service College Fellowship Program
- Degree Completion Programs for USASOC Soldiers
- Foreign Language
SUBJECT: UNC-USASOC Partnership

Cultural Studies
Medical Studies
Engineering
Management
Instructional Technology
Adaptive Thinking and Leadership Courses
Supply chain management

Advanced Degree Programs (Masters, PhDs) and Professional Certificate Programs: aligned with Special Operations requirements to professionalize the Force.

Language and Cultural Collaboration

Communications

Leadership Development

Internships for UNC Students

b. The parties agree that this list is not exclusive and may be expanded or revised as relevant and IAW this MOA. These areas of interest will be explored through faculty and student exchanges (including, as appropriate, role-playing in USASOC exercises); capability exercises, conferences, seminars and speaker series; curricula development; and applied research and directed projects. Anticipated exchanges or projects will be reduced to writing IAW paragraph 6b of this MOA.

5. Understanding. The Commanders Initiatives Group (CIG), USASOC and the Federal Relations Office, UNC will be the lead internal points of contact for this partnership. Each lead is required to coordinate and facilitate, but not encumber, initiatives proposed and accepted by both partners. When feasible - for efficiency, transparency, mitigation of redundancy, and maximum effectiveness - the CIG and Federal Relations Office will have visibility and/or involvement (to varying levels) in all component sections'/elements' initiatives and programs. Component sections/elements are required to notify the respective lead of intent to partner, contract or seek assistance from UNC or USASOC, and/or their subordinate elements.
SUBJECT: UNC-USASOC Partnership

6. Responsibilities.

   a. The CIG and the Federal Relations Office will make best efforts to:

      (1) Maintain open, effective channels of official communication to foster linkages and collaboration between and among various elements of the two institutions (for the development of innovative solutions to complex problems);

      (2) Maintain institutional commitment and continuity;

      (3) Provide access to respective body of knowledge capabilities and strengths; and

      (4) Expand the capacity of each institution (and their component elements) to serve the nation.

   b. It is mutually understood that specific aspects of any individual collaboration, exchange or project anticipated between the parties will be reduced to writing ("Subagreement"), including sufficient description of deliverables or expectations and associated fees or costs, and will be duly executed by the authorized representatives of the parties.

   c. The CIG and the Federal Relations Office mutually agree to:

      (1) Schedule monthly meetings to identify and assess initiatives;

      (2) Manage and oversee liaisons and/or interns for the purpose of information exchange, coordination, and collaboration; and

      (3) Establish benchmarks or measures of effectiveness for ongoing programs, and refine terms and conditions of specific initiatives, as appropriate.

      (4) Identify Key Leader Engagements to support positive Strategic Communications for both organizations.

   d. The CIG and the Federal Relations Office agree to pursue or facilitate:
SUBJECT: UNC-USASOC Partnership

(1) The exchange of medical, language, psychology, culture, communications, marketing, public administration/urban planning, and management negotiation training instructors;

(2) The assessment of USASOC capabilities gaps for materiel for possible solution by UNC science and technology activities;

(3) The evaluation by UNC subject matter experts of science and technology proposals received by USASOC

(4) Degree completion opportunities for Soldiers and Department of Defense civilians (including online programs);

(5) Degree opportunities and assistance for military spouses and Family members;

(6) The alignment of pertinent Civil Affairs, Psychological Operations, Special Forces, and other Army Special Operations Forces course curricula with UNC curricula to parallel military and academic accreditation;

(7) A relationship with UNC International Scholars programs to allow for mutually supporting educational and cultural exchanges and awareness (and possible language exchange);

(8) Support to the Special Warfare Center of Excellence;

(9) The UNC National Security Fellowship Program; and

(10) Congressional liaison, coordination, and support.

e. It is mutually understood that if the CIG and Federal Relations Office assess that UNC does not possess the appropriate subject matter experts for a specific topic to provide innovative solutions or relevant training/instruction, UNC will take all reasonable steps to facilitate coordination between USASOC and other subject matter experts outside of UNC.
SUBJECT: UNC-USASOC Partnership

7. Funding Requirements.
   a. Each Party shall be responsible for their respective expenses associated with monthly meetings or travel between geographical headquarters.
   b. All references to funding are understood by both Parties to be subject to the availability of funds and personnel and IAW applicable laws and regulations.

8. Miscellaneous Terms of Agreement.
   a. Either Party may terminate this MOA by notifying the other in writing with a minimum of three months notice. Termination shall be without penalty to either Party, unless otherwise provided by a separate agreement related to any activity being performed by one Party at the request of the other.
   b. Parties will provide three months written notice in advance of termination of specific collaborations, exchanges or projects, documented in Subagreements entered into IAW paragraph 6b, with notice being given to the appropriate point of contact in the Subagreement. The Parties agree any costs incurred for an approved collaboration, exchange, or project up to the termination date provided in the notice of termination will be paid in a manner to be provided in the applicable Subagreement.
   c. Both Parties shall promptly resolve any issues or concerns raised regarding instructional presentation, liaisons, trainers, speakers, curriculum, or the conduct of any training and education.
   d. UNC shall observe any required security processing and adhere to all security requirements and standards as outlined by USASOC and required by law. USASOC will identify positions requiring a security clearance and notify UNC as soon as possible.
   e. This MOA will be reviewed biannually or ad hoc as circumstances or events reveal the need for substantial alterations, or for the development of a new MOA. Reviews of this nature may be initiated by either agency, as required, with notification in writing.
SUBJECT: UNC-USASOC Partnership

f. In order to be effective, all amendments to this MOA shall be in writing and signed by both parties.

g. In the event law or regulation necessitates a revision, the MOA shall be construed as being modified on the effective date of the legal change.

h. Neither Party to this MOA shall release confidential information derived from the other Party to a non-participating third Party without the approval of the contributing MOA Party. Notwithstanding the prior sentence, both Parties understand that protection of confidential information is subject to disclosure under the Federal Freedom of Information Act and the North Carolina Public Records Act.

i. Each Party will inform the other of any news media releases or engagements regarding the partnership established in this MOA and affiliated initiatives.

j. Both parties shall submit an initial report outlining the details of an initiative or program and provide subsequent quarterly updates (first Tuesday of JAN/APR/JUL/OCT) to the CIG or Federal Relations Office, respectively. The initial report and updates will be provided to the Commanding General, USASOC and President, University of North Carolina.

9. This MOA shall become effective on the date of the last signature, and will remain in effect until terminated in writing IAW paragraph 8a above.

USASOC

[Signature]
CHARLES CLEVELAND
Lieutenant General, US Army Commanding
16 April 2013
(Date)

UNC

[Signature]
THOMAS W. ROSS
President
University of North Carolina
April 16, 2013
(Date)
UNC TO TRAIN SPECIAL FORCES VETS AS PHYSICIAN ASSISTANTS

BY: LAURA OLENIACZ
DATE: DECEMBER 3, 2012

During multiple deployments as a U.S. Army Special Forces medical sergeant, David Costa said he provided care for civilian children with cuts and bruises, worked to stop bleeding from gunshot wounds and prepared patients for transport.

"I've pretty much seen the country from one dust pile to the next," Costa said of Afghanistan. He said he was been deployed eight times to the country or Iraq and would "easily" do it again. He said he found the work rewarding.

He's now a master sergeant at the Tactical Human Operations Rehabilitation and Reconditioning Program at Fort Bragg.

To build on the training of Special Forces medical sergeants like Costa, the University of North Carolina School of Medicine and the state's largest insurer, Blue Cross and Blue Shield of North Carolina, announced Monday a plan to create a two-year master's degree program.

The program would prepare veteran medical sergeants to be physician assistants.

"They deserve opportunities to continue their healing work when their military service ends, and when they get that chance, we will all benefit," said Holden Thorp, chancellor of UNC-Chapel Hill, at a news conference at the Rizzo Conference Center in Chapel Hill.

The program would enroll its first class in 2015. It would start with about 15 students, said Dr. Amelia Drake, executive associate dean of academic programs at the UNC School of Medicine. The program needs approval from the UNC Board of Governors, and Drake said they'll be seeking accreditation.

To help plan the curriculum and to hire full-time staff for the program, Blue Cross and Blue Shield of North Carolina pledged to pay $1.2 million across the next four years. Part of the funding will be dedicated to scholarship funds.

The U.S. Army Special Operations Command at Fort Bragg is also expected to give input into the program's design.

UNC system President Tom Ross emphasized the existing relationship between the public 17-school system and the military.
UNC TO TRAIN SPECIAL FORCES VETS AS PHYSICIAN ASSISTANTS  
(CONTINUED)

He spoke about an agreement reached about three years ago between UNC and the U.S. Army Special Operations Command at Fort Bragg.

The agreement allowed soldiers to take advantage of university programs in Chapel Hill. The system is “actively engaged” with the military, he said.

Sgt. 1st Class Eric Strand, an instructor at the Joint Special Operations Medical Training Facility at Fort Bragg, said Special Forces medical sergeants get unconventional warfare, survival, small unit tactics and language training, but they also have training in emergency, clinical, veterinary and dental care.

Strand said there are soldiers trained as medical sergeants who are approaching eligibility for retirement who have a lot of “skills and experience” to bring back to North Carolina.

Dr. Bruce Cairns, director of the N.C. Jaycee Burn Center and a professor of surgery, microbiology and immunology at the UNC School of Medicine, also said the program will help address what will be an “enormous health care provider shortage” coming as result of federal health care reform.

According to a news release, the program will include rotations at UNC Hospitals as well as at free clinics around the state. It’s planned to focus on primary care to help prepare students to meet the needs of underserved areas.

Cairns added schools can start physician assistant programs with limited infrastructure. He said he expects there will be opportunities for the new program to draw on existing resources of the university’s health programs.

Dr. Bill Roper, dean of the UNC School of Medicine and CEO of the UNC Health Care system, said training physician assistants is a “much faster” way to provide needed health care services in the state.

Brad Wilson, president of CEO of Blue Cross and Blue Shield of North Carolina, also said it’s a cost effective way of expanding the labor market.

He also spoke about the expected influx of people with health care coverage.

“It is a relevant and important question to ask: Are we ready?” he said.

Physician assistants provide care under the supervision of medical doctors in North Carolina. There are other physician assistant programs in the state, including at the Duke University School of Medicine in Durham, whose program originated in the mid-1960s.
Technical Standards:

The definition of Technical Standards are Personal Attributes and Capabilities Essential for Admission, Promotion, and Graduation of UNC-CH Physician Assistant Student. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires all Physician Assistant (PA) programs to publish technical standards for admission.

A UNC PA student must have knowledge, skills and competency required to master the didactic and clinical requirements of the curriculum. Skills fundamental to the Physician Assistant Profession and curriculum include but are not limited to:

- Problem solving given verbal, visual, and written information, within a limited time frame;
- Clinical reasoning and decision making within a limited time frame;
- Visual-spatial integration;
- Insight and judgment for safety and prognostication;
- Written and verbal communication among group members;
- Time management to coordinate course requirements and clinical responsibilities.

The following technical standards describe the non-academic qualifications required in addition to academic achievements which the PA program considers essential for successful completion of its Curriculum.

Attitudinal, Behavioral, Interpersonal, and Emotional Attributes:

The candidate should have the capacity to learn, and understand the ethical principles and state and federal laws that govern medical practice and to perform within these guidelines. The candidate should be able to relate to colleagues, staff and patients with honesty, integrity, non-discrimination, self-sacrifice and dedication.

The candidate should be able to understand and use the power, special privileges, and trust inherent in the PA-patient relationship for the patient’s benefit, and to know and avoid the behaviors that constitute misuse of this power. The UNC diversity policy requires that candidates have the interpersonal skills necessary to interact respectfully and appropriately with all persons regardless of race/ethnicity, belief systems and socioeconomic status.

The candidate must be of sufficient emotional health to utilize fully his/her intellectual ability, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity.
The ability to participate collaboratively and flexibly as a professional team member is essential. The candidate must display this emotional health in spite of stressful work, changing environments, and clinical uncertainties. The candidate must be able to modify behavior in response to constructive criticism. The candidate must be open to examining personal attitudes, perceptions, and stereotypes (which may negatively affect patient care and professional relationships).

An individual with a diagnosed psychiatric disorder may function as a medical student as long as the condition is under sufficient control to allow accomplishment of the above goals with or without reasonable accommodation. S/he must exhibit behavior and intellectual functioning which does not differ from acceptable standards. In the event of deteriorating emotional function, it is essential that a medical student be willing to acknowledge the disability and/or accept professional help before the condition poses danger to self, patients, and/or colleagues.

**Stamina:** The study and ongoing practice of medicine often involves taxing workloads and stressful situations. A candidate must have the physical and emotional stamina to maintain a high level of function in the face of these likely working conditions.

**Intellectual Skills:** A candidate must possess a range of intellectual skills that allows him/her to master the broad and complex body of knowledge that comprises the PA curriculum. The student's learning style must be effective and efficient. The ultimate goal will be to solve difficult problems and to make diagnostic and therapeutic decisions. A candidate must be able to memorize, perform scientific measurement and calculation, and understand and cognitively manipulate three dimensional models.

**Reasoning abilities** must be sophisticated enough to analyze and synthesize information from a wide variety of sources. It is expected that the candidate be able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer based technology.

**Communication Skills:** The candidate must be able to ask questions, to receive answers perceptively, to record information about patients and to educate patients. S/he must be able to communicate effectively and efficiently with patients, their families, and with other members of the health care team. This must include spoken communications and non-verbal communications such as interpretation of facial expressions, affects and body language. Mastery of both written and spoken English is required although applications from students with hearing and speech disabilities will be given full consideration. In such cases, use of a trained
intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

**Visual, Auditory, Tactile and Motor Competencies:** A candidate must possess sufficient visual, auditory, tactile and motor abilities to allow him/her to gather data from written reference material, from oral presentations, by observing demonstrations and experiments, by studying various types of medical illustrations, by observing a patient and his/her environment, by observing clinical procedures performed by others, by reading digital or analog representations of physiologic phenomena, and by performing a basic physical examination of a patient.
ACADEMIC COORDINATOR
University of North Carolina at Chapel Hill
Chapel Hill, NC

The University of North Carolina Physician Assistant Program in the Department of Allied Health Sciences invites applications for an Academic Coordinator for a new PA program which will matriculate the first class of students in Fall 2015. This is a full-time, 12-month faculty position with salary and rank commensurate with qualifications.

**Required Qualifications:** Applicants must have a master's degree or higher; hold a current NCCPA certification; hold or be eligible for NC licensure; have a minimum of three-five years of experience working as a PA; and excellent leadership, communication, and organizational skills.

**Preferred:**

Preference will be given to candidates who have served as faculty; have knowledge or interaction with military personnel/veterans, have experience in a similar role; have clinical experience in family medicine/primary care; have experience working in rural and/or underserved areas.

**Responsibilities:** Overall responsibility for all academic activities of the PA program (development, implementation, and supervision of the didactic (academic) portion of the program). Additional responsibilities include participation in development of the program, ARC-PA provisional accreditation, curriculum development, teaching classes and advising students. Additional expectations include student admissions and participating in school and university committees.

**Application:** The Search Committee will accept applications until the position is filled. Candidate screening will begin immediately. Applicants should include a letter describing relevant experiences and interest in the position, curriculum vitae, and the names of three references with titles, addresses, business and home telephone numbers, and email addresses.

**Note:** The UNC PA program has applied for provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The program anticipates matriculating its first class in August/September 2015, pending provisional accreditation in March 2015. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the accreditation standards. The program will not commence in the event that this provisional accreditation is not received.
primary responsibility for planning and managing the didactic portion of the newly-accredited Master's PA program. Working with a faculty of five teaching professionals, the Academic Coordinator will develop and maintain the didactic course syllabi, instructional objectives, expected competencies, content outlines, lecture notes, instructional methods, activities, handouts, and evaluation tools; recruit internal and external lecturers; maintain student performance records; and identify students in need of academic or other counseling and make appropriate referrals.
CLINICAL COORDINATOR
University of North Carolina at Chapel Hill
Chapel Hill, NC

The University of North Carolina Physician Assistant Program in the Department of Allied Health Sciences invites applications for a Clinical Coordinator for a new PA program which will matriculate the first class of students in Fall 2015. This is a full-time, 12-month faculty position with salary and rank commensurate with qualifications.

Required Qualifications: Applicants must have a master’s degree or higher; hold a current NCCPA certification; hold or be eligible for NC licensure; have a minimum of three-five years of experience working as a PA; and excellent leadership, communication, and organizational skills.

Preferred:

Preference will be given to candidates who have served as faculty; have knowledge or interaction with military personnel/veterans, have experience in a similar role; have clinical experience in family medicine/primary care; have experience working in rural and/or underserved areas.

Responsibilities: Overall responsibility for all clinical activities of the PA program including site development, affiliation agreements, orientation/site visits, evaluations (student and clinical sites) to ensure clinical practice experiences meet the competencies needed for clinical PA practice and scheduling. Additional expectations include teaching classes; advising students; student admissions and participating in school and university committees.

Application: The Search Committee will accept applications until the position is filled. Candidate screening will begin immediately. Applicants should include a letter describing relevant experiences and interest in the position, curriculum vitae, and the names of three references with titles, addresses, business and home telephone numbers, and email addresses.

Note: The UNC PA program has applied for provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The program anticipates matriculating its first class in August/September 2015, pending provisional accreditation in March 2015. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the accreditation standards. The program will not commence in the event that this provisional accreditation is not received.
Effective January, 2014
**Appendix 11 for Provisional Accreditation Application**

**Clinical Preparatory Instruction**  **TEMPLATE** (B2)

*Indicate* in which curricular component(s), i.e. module or course, the following content is presented. List course number and course name.

<table>
<thead>
<tr>
<th>Instructional area</th>
<th>Program curricular components/courses where found</th>
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<tbody>
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<td>Anatomy MHS 701</td>
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<td>Physiology (B2.02b)</td>
<td>Physiology MHS 702</td>
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<tr>
<td>Pathophysiology (B2.02c)</td>
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<td>Clinical Medicine II MHS 720</td>
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<td>Clinical Medicine III MHS730</td>
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<td>Basic Medical Sciences MHS 703</td>
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Comments: Click here to enter text
December 2, 2014

MEMORANDUM

TO: Dean William Roper
FROM: James W. Dean, Jr.
Executive Vice Chancellor and Provost
RE: PA Program

I have reviewed the Appendix C submission questions related to the proposed Physician’s Assistant Program from UNC General Administration and I write to clarify the commitment from the Office of the Provost.

The proposed Physician’s Assistant Program at The University of North Carolina at Chapel Hill is an important priority for the University. It is also an essential component of the institution’s objective to better serve the State of North Carolina and the nation through the preparation of an adequate and well-trained healthcare workforce. The Program will further demonstrate Carolina’s commitment to military veterans by providing access to this program and leveraging veterans’ service experience in the medical corps of their respective branches.

The School of Medicine’s proposed financial model (in Appendix A of the degree proposal) includes school-based tuition, and enrollment dollars. The total required in the first year of operation is $1 million. At full enrollment, the expected operating cost for the program is $1.5 million. The School of Medicine has requested enrollment increase funding and will request differential tuition for the PA program which the Office of the Provost fully supports. The Office of the Provost will provide the program specific campus based tuition to the program and is prepared to support the program from other funding sources to meet the program’s operating costs if enrollment increase funding and differential tuition funding is not approved.

Please be assured that the approval and launching of the Physician’s Assistant Program is of very high salience to the University of North Carolina at Chapel Hill and to the people of North Carolina.

cc: Ron Strauss, Cam Enarson, Dwayne Pinkney, Stephanie Schmitt, Lynn Williford, Steve Hooper, Stephanie Thurman

(Provost Memo to Dr. Roper regarding the PA Program 12-2-14)