

University of New England Accreditation History

First accredited: April 1996

Next review: July 2026

Maximum class size: 50

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June 2025

The program's student attrition rate was 10.9% or greater for its 2024 cohort. The program submitted the Student Attrition Required Report. The commission accepted the report. No further information requested.

March 2021

The commission **acknowledged the report** providing evidence of

- Updated changes in response to COVID-19. No further information requested.

September 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2020

The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19. No further information requested.

March 2019

Accreditation-Administrative Probation removed; program hired a permanent program director, effective January 2, 2019. No further information requested.

The commission **accepted the report** addressing 4th edition

- **Standard A2.02a** (provided evidence the program director's assignment to the program was full time).
- Provided evidence the website was updated. No further information requested.

September 2018

Accreditation-Administrative Probation; the program was placed on Administrative Probation as the program director is not assigned to the program on the required FTE. Program will remain on Administrative Probation until it demonstrates compliance or provides justification for inability to demonstrate compliance.

Report Due: Update on hiring of permanent program director. The commission **accepted the report**. Additional information (standard A2.02a explanation of interim program director less than full-time assignment to the program and update website with success of program in achieving goals) due October 31, 2018.

The commission **accepted the report** addressing 4th edition

- **Standards C2.01b-f**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program

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strengths and areas in need of improvement and f) plans for addressing areas needing improvement). No further information requested.

March 2018

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

January 2017

The commission **accepted the reports** addressing 4th edition

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis).
- Managing the admissions process. No further information requested.

September 2016

The commission **acknowledged the report** providing evidence of

- Updated accreditation statement on website and
- Updated SCPEs in the Portal. No further information requested.

The commission **did not accept the report** providing evidence of

- An explanation on the Exceeding Class Size form. Additional information (addressing managing the admissions process) due November 1, 2016.

July 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2026. The program's maximum class size remains 50.

Report due September 5, 2016

- Update accreditation statement on website
- Update supervised clinical practices experiences [SCPEs] in the Program Management Portal and
- Provide explanation on class size discrepancy (submit Exceeding Class Size form)

Due September 19, 2016 (*Standards*, 4th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

Due May 1, 2018 (*Standards*, 4th edition) -

- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications

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that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

September 2013

The commission **accepted the report** providing evidence of

- Clarification of remediation. No further information requested.

March 2013

The commission **accepted the report** addressing 4th edition

- **Standards A3.14b and f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standards B3.03a-d** (provided evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.03** (provided evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

Additional information (clarification of remediation) due June 1, 2013.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 100.

Report due December 31, 2012 (*Standards*, 4th edition) -

- **Standards A3.14b and f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

March 2011

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Program Change: Maximum student capacity (increased from 80 to 100), effective June 2011. The commission **acknowledged the proposed change**. No further information requested.

September 2009

The commission **accepted the report** providing evidence of

- The syllabi for the anatomy and neuroanatomy course. No further information requested.

March 2009

The commission **accepted the report** addressing 3rd edition

- **Standard B7.03b** (provided evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking prenatal care and women's health care),
- **Standard B7.04e** (provided evidence that SCPEs are provided in long-term care settings),
- **Standard C2.01b3** (provided evidence the self-study report documents outcome data and critical analysis of student failure rates in individual courses and rotations),
- **Standard C3.02** (provided evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components) and
- **Standard D3.01** (provided evidence the program assures that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates).
- Provided evidence of course objectives and expected competencies for the anatomy and neuroanatomy courses.

Additional information (syllabi for anatomy and neuroanatomy course) due July 1, 2009.

March 2008

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 80.

Report due January 9, 2009 (*Standards*, 3rd edition) -

- **Standard B7.03b** (lacked evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking prenatal care and women's health care),
- **Standard B7.04e** (lacked evidence that SCPEs are provided in long-term care settings),
- **Standard C2.01b3** (lacked evidence the self-study report documents outcome data and critical analysis of student failure rates in individual courses and rotations),
- **Standard C3.02** (lacked evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components) and
- **Standard D3.01** (lacked evidence the program assures that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates).
- Course objectives and expected competencies for the anatomy and neuroanatomy courses.

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March 2005

The commission **acknowledged the report** addressing 2nd edition

- **Standard C4.1d** (provided evidence the self-study report documents modifications that occurred as a result of self-evaluation). No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 80.

Report due January 15, 2005 (*Standards*, 2nd edition) -

- **Standard C4.1d** (lacked evidence the self-study report documents modifications that occurred as a result of self-evaluation).

March 2003

Program Change: Reconfiguration of clinical year (12 four-week rotations replaced with 6 six-week rotations, twelve weeks in internal medicine and three-week elective). The commission **accepted the report**. No further information requested.

September 2002

The commission **accepted the report** addressing 2nd edition

- **Standards A5.17b and c** (provided evidence the program clearly defines, publishes and makes readily available to prospective students b) policies regarding advanced placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards),
- **Standard B6.1** (provided evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
- **Standard C5.3** (provided evidence the program conducts formative evaluation of students to assess the acquisitions of clinical competencies) and
- **Standard C5.4** (provided evidence the program monitors student progress in the clinical year in such a way that deficiencies are promptly identified and a means for correction established). No further information requested.

March 2002

Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 80. The commission reconsidered the program's application and supporting materials in making its decision. As part of the decision, the report requested in December 2001 was replaced with report below.

Report due July 19, 2002 (*Standards*, 2nd edition) -

- **Standards A5.17b and c** (lacked evidence the program clearly defines, publishes and makes readily available to prospective students b) policies regarding advanced

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- placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards),
- **Standard B6.1** (lacked evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
 - **Standard C5.3** (lacked evidence the program conducts formative evaluation of students to assess the acquisitions of clinical competencies) and
 - **Standard C5.4** (lacked evidence the program monitors student progress in the clinical year in such a way that deficiencies are promptly identified and a means for correction established).

December 2001

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2002.

Maximum Student Capacity: 80. Program appealed the commission's decision which was reconsidered at the March 2002 commission meeting.

Report due August 1, 2002 (*Standards*, 2nd edition) -

- **Standard A5.1** (lacked evidence program announcements and advertising accurately reflect the program offered),
- **Standard A5.12a** (lacked evidence student files include data and information indicating that students have meet published admission criteria),
- **Standard A5.16** (lacked evidence admission of students is made in accordance with the defined and published practices of the program),
- **Standard B6.1** (lacked evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
- **Standard C5.3** (lacked evidence the program conducts frequent, objective and documented formative evaluation of students to assess the acquisitions of clinical competencies),
- **Standard C5.4** (lacked evidence the program monitors student progress in such a way that deficiencies are promptly identified and a means for correction established) and
- **Standard C6.2** (lacked evidence equivalent evaluation processes are applied to all clinical sites).

NOTE: The ARC-PA commission action information available begins in December 2001.

Information from initial accreditation in 1996 by CAAHEP is not available.