June 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19. No further information requested.

March 2020
The commission accepted the report providing evidence of
- Learning outcomes for preventive, emergent, acute and chronic patient encounters and medical care across the life span and methods to determine each student has met the learning outcomes. No further information requested.

September 2019
The commission accepted the report addressing 4th edition
- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters and a method to determine, after SCPEs, that students meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standard B3.03a** (provided some evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with patient seeking medical care across the life span and a method to determine, after SCPEs, that students meet the program’s learning outcomes.)

Additional information (learning outcomes for preventive, emergent, acute and chronic patient encounters and medical care across the life span and methods to determine each student has met the learning outcomes) due December 11, 2019.

The commission accepted the report providing evidence of
- PANCE performance analysis. No further information requested.

March 2019 (following Provisional Monitoring review)
Adverse Action-Accreditation-Probation (extended; program continue to have difficulty in demonstrating its ability to self-regulate through a robust and systematic process of ongoing self-assessment). Next Comprehensive Evaluation: September 2020 (Final Provisional). The maximum approved class size is 32 for the third class.

Report due June 30, 2019 (*Standards*, 4th edition) -
- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters and methods to determine each student has met the learning outcomes).
encounters and a method to determine, after SCPEs, that students meet program expectations and acquire competencies needed for entry into clinical practice) and

- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with patient seeking medical care across the life span and a method to determine, after SCPEs, that students meet the program’s learning outcomes.)

Due July 1, 2019

- PANCE performance analysis (PANCE pass rate was 85% or less for its 2018 cohort).

**September 2017**

The commission accepted the report addressing 4th edition

- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and
- **Standards B3.03a-d** (provided evidence SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

The commission determined that the program may admit a cohort of students in 2018. No further information requested.

**March 2017 (following probation site visit)**

Accreditation-Probation remains until the Provisional Monitoring visit (review at the commission’s March 2019 meeting; program has made positive, yet incomplete, progress in demonstrating compliance with the Standards). The program is prohibited from admitting a cohort of students until approved by the ARC-PA (next review scheduled for the September 2017 commission meeting).

Report due July 10, 2017 (*Standards, 4th edition*) -

- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and
- **Standards B3.03a-d** (lacked evidence SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

**September 2016 (following review of report)**

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the March 2017 commission meeting. The maximum approved class size remains 32 and the program is not to accept a new class of students until the results of the March 2017 commission review is complete.
Francis Marion University
Accreditation History

First accredited: March 2016
Next review: September 2020
Maximum class size: 32

Report due November 14, 2016 (Standards, 4th edition) -
• **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in curriculum design and program assessment),
• **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis) and
• **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

At the site visit (Standards, 4th edition) -
• **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
• **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and
• **Standards B3.03a-d** (lacked evidence SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

**March 2016**
Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Provisional Monitoring). The program is approved for up to 32 students in the first class of students, 32 in the second class and 32 in the third class.

Report due July 15, 2016 (Standards, 4th edition) -
• **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
• **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
• **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
• **Standards B3.03a-d** (lacked evidence SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice) and
• **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).