First accredited: March 2020
Next review: September 2022
Maximum class size: 40/40/40

June 2022
Program Change: February 11, 2022 follow up information regarding the decrease in fiscal support. The program change documentation was evaluated under the education standards set forth in the Accreditation Standards for Physician Assistant Education (5th edition) (the “Standards”).

Disposition (Expedited): The Commission acknowledges the merger within the Physician Assistant program. No further information is requested at this time.

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Report Due (Follow up): March 22, 2022 update regarding the regional approval of the merger with St. Joseph’s University. The report was evaluated under the education standards set forth in the Accreditation Standards for Physician Assistant Education (5th edition) (the “Standards”).

Disposition (Expedited): The commission acknowledges the approval of the merger. No further information is required.

March 2022
Program Change: The Commission reviewed the PA program’s Change in Program Sponsorship form and supporting materials dated December 20, 2021. The program change documentation was evaluated under the education standards set forth in the Accreditation Standards for Physician Assistant Education (5th edition) (the “Standards”).

Disposition: The Commission acknowledges the proposed change in sponsorship of the Physician Assistant program from the University of the Sciences to Saint Joseph’s University, contingent on the regional accreditor’s approval of the change. While no further information is requested at this time, the program must submit documentation from Middle States Commission on Higher Education (MSCHE) confirming approval of the change once it is available. The program should submit the documentation via email to accreditationservices@arc-pa.org.

March 2021
Program Change: January 12, 2021 documentation regarding changes in response to COVID-19. The program documentation was evaluated under the education standards set forth in the Accreditation Standards for Physician Assistant Education (5th edition) (the “Standards”).

Disposition (Expedited): The commission acknowledges the proposed plans. No further information is required.

September 2020
Report Due (Citations): report dated June 17, 2020, the response to citations for standards B3.03a and C4.01 from the March 2020 commission meeting. The report was evaluated under the education standards set forth in the Accreditation Standards for Physician Assistant Education (4th edition) (the “Standards”).
Disposition (Expedited): The commission accepts the response. According to ARC-PA policy, this means that the report was received favorably but does not imply that the program is now in compliance with the Standards. No additional action is needed at this time.

March 2020
Accreditation-Provisional
During its review of the program, the ARC-PA noted seven (7) area of noncompliance with the Standards (4th edition). The citations listed have been referenced to the standard under which the program was evaluated. The response is due no later than June 17, 2020.

1. Standard B3.03a

Findings: The program did not provide evidence it had clearly defined learning outcomes for students in supervised clinical practice experiences (SCPEs) with patients seeking medical care across the life span including infants, children, adolescents, adults and the elderly. Additionally, the program did not provide evidence of a mechanism to determine that supervised clinical practice experiences (SCPEs) enabled each student to meet the program’s learning outcomes for patients seeking medical care across the life span.

Comments: Standard B3.03a first requires the program to clearly define, for students and preceptors, the learning outcomes (the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) that must be achieved by each student related to providing medical care across the life span to include infants, children, adolescents, adults and the elderly. It then necessitates the program have a method to determine, after having the SCPEs, each student has attained the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities required by the program.

In the application and at the time of the site visit, the program did not provide evidence that it had defined learning outcomes in medical care across the life span including infants, children, adolescents, adults and the elderly. In the application, the program identified the same three statements as its learning outcomes for infants, children, adolescents, adults and the elderly. While these statements included the phrase “across the life span” they did not clearly identify the program’s expectation for students related to care for infants, children, adolescents, adults and the elderly.

In addition, the program did not have a method to evaluate that all students met learning outcomes related to this standard. The preceptor evaluation included in Appendix 14 of the application allowed the preceptor to assess student performance in 28 broad areas. However, the program did not demonstrate that clinical year assessment tools were specific to assess learning outcomes related to care across the life span, to include infants, children, adolescents, adults and the elderly.
In its response, the program provided a thorough description of the assessment utilized throughout the clinical year and the program’s efforts to provide students guidance in achieving program outcomes. However, the program did not provide any evidence that the assessment measures utilized throughout the clinical year appropriately assessed learning outcomes for providing medical care across the life span including infants, children, adolescents, adults and the elderly.

In order for the program to demonstrate compliance with the standard, it must clearly define the learning outcomes (the knowledge, as well as the interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) to be achieved by each student related to providing care across the life span, to include infants, children, adolescents, adults and the elderly. It must then monitor, measure and document that each student has met learning outcomes or learning objectives by demonstrating s/he can do what is expected after having had the SCPE.

**Required Report:** Provide the supervised clinical practice experience (SCPE) expected learning outcomes for medical care across the life span including infants, children, adolescents, adults and the elderly (the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) that must be attained by each student at the completion of a supervised clinical practice experience (attach in an appendix).

Provide succinct narrative describing how the program will determine each student has met the program’s expected learning outcomes for medical care across the life span including infants, children, adolescents, adults and the elderly.

Append the document(s) necessary (e.g., preceptor evaluation) to verify the program has a means to determine each student has met the program’s expected learning outcomes for medical care across the life span including infants, children, adolescents, adults and the elderly.

2. **Standard B3.07d**
   **Findings:** The program did not provide evidence that all students would have supervised clinical practice experiences with preceptors practicing in pediatrics.

   **Comments:** At the time of the site visit, the program did not have evidence of sufficient signed affiliation agreements to provide SCPEs with preceptors practicing in pediatrics for its class size of 40 students. A review of clinical files at the time of the site visit showed that the program had signed affiliation agreements providing SCPEs with preceptors practicing in pediatrics for 39 students.

   In the response to the observation, the program stated that The Cooper University Hospital System Affiliation Agreement was not in the office at the time of the site visit but was confirmed and signed June 6, 2019. The program also provided documentation that this clinical site will
provide nine (9) clinical placements with preceptors practicing in pediatrics. With this additional clinical site, the program has a total of 48 pediatric placements for its class size of 40 students.

**Required Report:** No report required as the response to the observation provided the commission with adequate evidence that the program currently has sufficient clinical placements with preceptors practicing in the discipline of pediatrics.

3. **Standard B3.07e**

**Findings:** The program did not provide evidence that all students would have supervised clinical practice experiences with preceptors practicing in ob/gyn.

**Comments:** At the time of the site visit, the program did not have evidence of sufficient signed affiliation agreements to provide SCPEs with preceptors practicing in ob/gyn for its class size of 40 students. A review of clinical files at the time of the site visit showed that the program had signed affiliation agreements providing SCPEs with preceptors practicing in ob/gyn for 38 students.

In the response to the observation, the program stated that The Cooper University Hospital System Affiliation Agreement was not in the office at the time of the site visit but was confirmed and signed June 6, 2019. The program also provided documentation that this clinical site will provide nine (9) clinical placements with preceptors practicing in ob/gyn. With these additional spots, the program has a total of 47 ob/gyn placements for its class size of 40 students.

**Required Report:** No report required as the response to the observation provided the commission with adequate evidence that the program currently has sufficient clinical placements with preceptors practicing in the discipline of ob/gyn.

4. **Standard B3.07f**

**Findings:** The program did not provide evidence that all students would have supervised clinical practice experiences with preceptors practicing in behavioral and mental health care.

**Comments:** At the time of the site visit, the program did not have evidence of sufficient signed affiliation agreements to provide SCPEs with preceptors practicing in behavioral and mental health care for its class size of 40 students. A review of clinical files at the time of the site visit showed that the program had signed affiliation agreements providing SCPEs with preceptors practicing in behavioral and mental health care for 36 students.

In the response to the observation, the program stated that The Cooper University Hospital System Affiliation Agreement was not in the office at the time of the site visit but was confirmed and signed June 6, 2019. In addition, the program also provided documentation of a signed affiliation agreement from another institution. These clinical sites will provide 18 clinical
placements with a preceptor practicing in behavioral and mental health care. With these additional SCPEs, the program has a total of 54 placements for its class size of 40 students.

**Required Report:** No report required as the response to the observation provided the commission with adequate evidence that the program currently has sufficient clinical placements with preceptors practicing in the discipline of behavioral and mental health care.

5. **Standard C4.01**
   **Findings:** The program did not document it maintained its processes for the initial evaluation of all sites and preceptors used for the supervised clinical practice experiences.

   **Comments:** Within the application and at the time of the site visit, the program described its processes for initial and ongoing evaluation of all sites and preceptors. However, at time of the site visit, the program did not provide evidence of completed initial site visit evaluation forms for all clinical sites.

   In its response to the observation, the program acknowledged its process for initial site evaluation was not followed. The program stated that it has rectified this issue and provided copies of the most recently completed initial site evaluation forms.

   **Required Report:** Provide an Excel spreadsheet that includes a list of all active clinical sites and the date that the initial site visit evaluation form was completed for each clinical site.

6. **Standard D1.03**
   **Findings:** The program did not inform, in writing, everyone who requested information, applied or planned to enroll, the implications of non-accreditation.

   **Comments:** The program’s application included a sample communication between the program and prospective student applicants that did not include the implications of non-accreditation to those making inquiries about the program.

   In response to the observation, the program acknowledged the observation and noted that the program website has been updated to reflect the implications of non-accreditation. In addition, amended sample correspondences were provided which clearly articulated to prospective student applicants the implications of non-accreditation.

   **Required Report:** No report required. Since the site visit, program communications now convey the implications of non-accreditation to applicants.

7. **Standard D1.07**
   **Findings:** The program did not have sufficient clinical sites to provide the required supervised clinical practice experiences (SCPEs) for the first cohort size of 40 students.
**Comments:** Appendix 12, submitted with the application, indicated the program had signed affiliation agreements sufficient to accommodate the first cohort of 40 students for all SCPEs. However, review of affiliation agreements at the time of the site visit demonstrated that the program did not have signed affiliation agreements or other documentation to provide evidence of sufficient clinical experiences for the first cohort of 40 students. The program was insufficient on placements in pediatrics (with 39/40), ob/gyn (38/40) and behavioral/mental health (27/40).

In its response to the observation, the program provided evidence of a signed affiliation agreement and documentation of clinical placements for The Cooper University Hospital System dated June 6, 2019 that was not in the program’s office at the time of the site visit. In addition, the program provided additional affiliation agreements and documentation of clinical placements finalized after the site visit reflecting sufficient SCPEs for the first cohort size of 40 students.

**Required Report:** No report required as the response to the observation provided the commission with adequate evidence that the program currently has sufficient clinical placements for the first cohort of students.

**Action:** By motion duly made and seconded, the University of the Sciences Physician Assistant Program was awarded Accreditation-Provisional. The date for the Provisional Monitoring visit of the program by the ARC-PA will be scheduled to occur within six months prior to the graduation of the first cohort of students ideally occurring within the final three months. The program is approved for up to 40 students in the first class of students, 40 in the second class and 40 in the third class.

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**Program closed on May 22, 2019**

**Quarterly Teach-out Reports**


**Disposition (Informational):** The Commission accepts the response. No further information is requested. Per the ARC-PA’s correspondence dated February 23, 2017, the PA program will be considered closed. The ARC-PA website has been updated, indicating the program as previously accredited from September 2012 to May 2019.
First accredited: March 2020
Next review: September 2022
Maximum class size: 40/40/40

Report Due (Additional Report): Email - Verification that Each Graduate has Fulfilled All Requirements & List of Graduates


Disposition (Informational): The Commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that the next quarterly report is due by June 1, 2019.


Disposition (Informational): The Commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that the next quarterly report is due by February 1, 2019.

Report Due (Additional Report): Quarterly reports related to the teach-out of current students, dated May 31, 2018 and letter confirming 36 graduates from the class of 2018 in May, dated May 18, 2018

Disposition (Informational): The Commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that the next quarterly report is due by October 1, 2018.

The ARC-PA also reviewed Dr. Miller’s May 18, 2018 letter confirming 36 graduates from the class of 2018 in May.

The Commission accepts the response and requests that the program provide confirmation no later than July 20, 2018 of the two additional students who will graduate next month.


Disposition (Informational): The commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that your next quarterly report is due by June 1, 2018.

Disposition (Informational): The commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that your next quarterly report is due by **February 1, 2018**.


Disposition (Informational): The commission accepts the response. While requesting no further information at this time, the ARC-PA would like to remind the program that your next quarterly report is due by **October 1, 2017**.

**June 2018**

Report Due (Follow up): The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) recently reviewed your Exceeding Class Size Explanation Form dated February 28, 2018.

Disposition (Informational): The Commission accepts the response. According to ARC-PA policy, this means that the report was received favorably but does not imply that the program is now in compliance with the **Standards**.

Please note that the approved maximum entering class size is **40**, and that number should not be exceeded.

**February 2017**

Voluntary Withdrawal

A. Terms of Withdrawal

i. ARC-PA will keep the PA program on Accreditation-Probation status until the projected graduation of the last class of students who, as of the date of this letter, are currently enrolled in the PA program and who are actively pursuing the program curriculum.

ii. The PA program will not enroll any more students or start another class. Any student offers for future positions in the PA program will be withdrawn.

iii. On June 1, 2019, the ARC-PA website will be updated to reflect the program status as a previously accredited program. Prior to that time, the program status will remain as Accreditation-Probation.

iv. The institution/program will teach-out the current students in accordance and compliance with the Standards and will complete quarterly reports, described below, to the ARC-PA on faculty teaching assignments, student progress and student attrition. Failure to submit satisfactory reports may be cause for immediate withdrawal of accreditation. All costs associated with the teach out and the submission of required reports with be borne by the University.
v. The University will provide ARC-PA with copies of all correspondence between it (and/or its PA program) and its regional accreditor regarding the teach-out of its PA students.

vi. The PA program will continue to abide by ARC-PA Standards, policies and procedures for required reports and notification of changes required by the Standards. The program will maintain its Program Management Portal.

vii. The University and the PA Program will immediately a) post prominently on the home page of the program website and b) include in written materials provided to current students, the following statement describing the status of probation and plan for withdrawal from the accreditation process:

ACCREDITATION STATUS

ARC-PA has accepted the voluntary withdrawal of the PA Program at the University of the Sciences from the ARC-PA accreditation process effective February 22, 2017. The PA program will remain on Accreditation-Probation until it has completed teaching out currently enrolled students – but no later than June of 2019. The PA program will not accept any new students for enrollment. Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

viii. ARC-PA will work with PA programs in the vicinity of the PA Program at the University that approach ARC-PA for authorization to enroll students who were accepted into the University's PA program for matriculation in the fall of 2017. For any of those programs that can demonstrate that it has sufficient resources to support additional students, ARC-PA will approve a one-time, class size increase for this purpose. The University may inform those programs that they should contact ARC-PA if they wish to explore a one-time class size increase approval.

ix. Assuming that the University wishes to reapply for accreditation of its PA Program, it should so notify ARC-PA in the summer of 2018. In that event, the PA Program will be sent an application in approximately September of 2018. The Program will have to comply with all requirements for accreditation in place at that time. If the application is filled out satisfactorily, a site visit will be scheduled for September 23-24, 2019. If the Program meets all applicable requirements, it will be considered for provisional accreditation at the ARC-PA meeting in March of 2020.

x. Neither the University nor its PA Program will challenge or object to the terms and conditions set forth in this letter. Neither the University nor its PA program will bring suit or any legal action of any kind against ARC-PA, or any of its officers, directors, attorneys, or agents, in any court, tribunal, forum, or proceeding, in any jurisdiction, to challenge the revocation of the accreditation of the PA Program, the procedures followed in connection with the review and evaluation of the Program, or any other matter relating to the subject of this letter.
B. Additional Information and Requirements

The following information is provided to assist the University in understanding its obligations to remain in compliance with Standards.

All elements of the ARC-PA program management portal must be updated no later than March 31, 2017 to provide an accurate starting point for tracking throughout the teach-out phase. The portal is to be updated whenever major changes occur and again by the date of each quarterly report.

Throughout the teach-out phase, faculty should be of sufficient number to provide the same education and services that all previous students have received. A definition of “sufficient” can be found in the glossary of the Standards. To this end, the University is to identify each faculty member by initials and teaching assignment. Please use the attached table (Faculty Teaching Assignments) for each of the quarterly reports.

Students who, as of the date of this letter, are currently enrolled in the PA program and actively pursuing the program curriculum must be provided all didactic education and supervised clinical practice experiences (SCPEs) as required by the Standards and must meet the program and institution requirements for graduation. To this end, the University is to identify each student who meets these requirements by initials and class. Please use the attached tables for each of the quarterly reports (Student Attrition and Student Progress).

Shortly before graduation, ARC-PA should receive an official letter from the University verifying that each graduate has fulfilled the requirements for graduation. This letter should come from a senior institutional official.

The University is not required to submit information regarding the most recent class performance for first-time takers on the PANCE exam.

The University should submit each quarterly report by uploading it as a Report Due document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” If the report consists of multiple documents, put all documents in a zip file and upload the zip file. The Completed Statements and Signatures page (at the end of the report) must be submitted with each report required in this document, otherwise the report will not be accepted.

Summary of Required Reports

Report #1 due June 1, 2017

Report #2 due October 1, 2017
The University of the Sciences Appeal Request (Reconsideration), Tuesday, December 13 via conference call, which began at 1:30 pm EST.

Reconsideration review panel present: Drs. Oskvig, Millner and Moynihan, Mr. Van Rhee and Ms. Landel. Staff: Ms. York, Drs. Coffman and Kelly.

In developing its decision, the panel gave consideration to the appeal letter and documentation submitted, the particular facts or Standards at issue, as well as the existing ARC-PA policies and ARC-PA precedent. The Review Panel determined whether the ARC-PA’s action was supported by the evidence and whether the action was taken in accordance with the ARC-PA’s policies and procedures.

The panel upheld 20 of the 20 citations. The Reconsideration Review Panel found that the 20 citations were supported by substantial credible evidence and that the decision for Accreditation-Withdrawn was made in accordance with ARC-PA policies and procedures.

Conclusion of the Reconsideration Review Panel
The RRP reviewed all material submitted with the November 2, 2016 reconsideration request but only considered information that reflected the state of the program up to April 18-19, 2016, the dates of the site visit to the program. As provided in the commission’s Accreditation Actions Subject to Appeal and Appeal Procedures, changes made by the program after that time or plans for the future are not considered in the reconsideration or appeal.

The panel voted unanimously to uphold the accreditation status of Accreditation-Withdrawn.

1.  Standard A1.03a
Comments from the Reconsideration Review Panel: The reconsideration document included statements about financial support for an assessment workshop and an institutional program review process but did not provide substantive evidence that either were in place prior to or at the time of the site visit. The evidence provided of annual assessment in Appendix 1-B of the reconsideration documents was a blank course evaluation form. The plan for the program to strengthen its “ability to leverage data to drive curricular improvement” by having faculty participate in the PAEA assessment workshop in the summer of 2016 was too late for the students completing or starting the program now. This should have been done before students started.

The RRP has Affirmed citation number 1.

2. **Standard A1.03c**

Comments from the Reconsideration Review Panel: The request for reconsideration provided no substantive information about institutional knowledge or review for adherence to the accreditation standards. For example, the reconsideration document did not discuss how the institution assisted the program in complying with the ARC-PA standards, such as assistance with data analysis or filling vacant faculty positions.

The RRP has Affirmed citation number 2.

3. **Standard A2.03**

Comments from the Reconsideration Review Panel: The program’s reconsideration document stated the program found the use of adjunct faculty adequate to provide effective instruction. However, the program did not address other faculty responsibilities, such as program assessment, admissions, student advising, clinical practice and scholarly activity, all personnel responsibilities outlined in appendix 5 of the application.

The RRP has Affirmed citation number 3.

4. **Standard A2.09b**

Comments from the Reconsideration Review Panel: The request for reconsideration re-stated program assessment has been ongoing according to the original plan. However, the reconsideration documents did not provide any evidence the program director had knowledge of or responsibility for administration of the process. The program appeared to be collecting some data, but was making changes based upon opinion rather than implementation of a plan to analyze the data.

The RRP has Affirmed citation number 4.

5. **Standard A2.09d**
Comments from the Reconsideration Review Panel: The reconsideration documents included meeting minutes that indicated there was ongoing discussion about courses with proposed actions. What the narrative and the minutes did not demonstrate was whether analysis of the data was used to drive conclusions and actions.

The RRP has Affirmed citation number 5.

6. Standard A2.09e
   Comments from the Reconsideration Review Panel: The request for reconsideration disputed the comments made by the commission in support of this citation. However, the program did not provide evidence, in the application or at the time of the site visit, of the program director’s plans to correct data collection issues or address sufficiency of faculty.

   The RRP has Affirmed citation number 6.

7. Standard A2.09f
   Comments from the Reconsideration Review Panel: The reconsideration documents included meeting minutes documenting discussion related to program development. However, there was no evidence that data analysis informed changes to the program. Additionally, the reconsideration did not provide a compelling argument that the program director followed a thoughtful plan of ongoing program development.

   The RRP has Affirmed citation number 7.

8. *Standard A2.09g
   Comments from the Reconsideration Review Panel: Reconsideration review of the application and self-study report (SSR) revealed that they were incomplete and not completed according to instructions. Close attention to the application instructions could have prevented errors.

   The RRP has Affirmed citation number 8.

9. Standard A3.06
   Comments from the Reconsideration Review Panel: It is the responsibility of the PA program to demonstrate its compliance with the Standards and the role of the site visitors is to verify evidence as presented by the program. At the time of the site visit and in response to the observation, the program was unable to provide evidence of compliance with the standard.

   The RRP has Affirmed citation number 9.

10. *Standard B3.02
    Comments from the Reconsideration Review Panel: In the reconsideration document, the program indicated that it was going to review data from student experiences following the
inaugural student cohort’s clinical year to establish benchmarks (expectations). However, the standard requires the program establish expectations for necessary patient encounters prior to supervised clinical practice experiences. The standard then requires the program to assess that those experiences have met program expectations and allowed each student to acquire the competencies needed for entry into clinical PA practice.

The RRP has Affirmed citation number 10.

11. *Standard B3.03a
Comments from the Reconsideration Review Panel: The program’s reconsideration documents referenced the response to citation #10. The program’s expectations of students providing medical care across the life span should have been developed prior to the start of supervised clinical practice experiences.

The RRP has Affirmed citation number 11.

12. *Standard B3.03b
Comments from the Reconsideration Review Panel: The program’s reconsideration documents referenced the response to citation #10. The program’s expectations of students providing women’s health care should have been developed prior to the start of supervised clinical practice experiences.

The RRP has Affirmed citation number 12.

13. *Standard B3.03c
Comments from the Reconsideration Review Panel: The program’s reconsideration documents referenced the response to citation #10. The program’s expectations of students providing surgical care should have been developed prior to the start of supervised clinical practice experiences.

The RRP has Affirmed citation number 13.

14. *Standard B3.03d
Comments from the Reconsideration Review Panel: The program’s reconsideration documents referenced the response to citation #10. The program’s expectations of students providing behavioral and mental health care should have been developed prior to the start of supervised clinical practice experiences.

The RRP has Affirmed citation number 14.

15. Standard B3.07a
Comments from the Reconsideration Review Panel: The reconsideration documents addressed patient populations and setting rather than the practice specialty of the preceptor. The intent of the standard is for programs to provide students supervised clinical practice experiences with providers who deliver care to individuals in families. That is not met by experiences in other specialties. This is a “should” standard, and as such, it is the responsibility of the program to meet the standard or provide a compelling reason it cannot. The program did not explain, in its application, at the site visit or in its response to the observation, the process used to find sufficient preceptors, nor did it provide compelling reasons for not complying with this standard.

The RRP has **Affirmed** citation number 15.

16. **Standard C1.01**

Comments from the Reconsideration Review Panel: The Self-Study Report (SSR) is the critical piece of evidence that demonstrates compliance with this standard. The SSR submitted with the program’s application did not show the program critically assessed all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites. The SSR did not support the program’s use of a process to identify strengths and weaknesses, leading to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.

The RRP has **Affirmed** citation number 16.

17. **Standard C1.02**

Comments from the Reconsideration Review Panel: The program’s reconsideration documents addressed the specific examples of non-compliance that resulted from the commission review of the SSR. However, the issue is whether the program can apply the results of ongoing program self-assessment using objective, data driven, critical analysis. The SSR submitted with the application failed to demonstrate the program’s ongoing self-assessment process resulted in data-driven modifications to the curriculum and other dimensions of the program.

The RRP has **Affirmed** citation number 17.

18. **Standard C2.01b**

Comments from the Reconsideration Review Panel: The program’s reconsideration documents addressed the examples of non-compliance by explaining the data for each. However, the issue is with the program’s documentation of results of critical analysis as part of its self-assessment process. The SSR narrative regarding actions taken is woefully lacking in all sections of appendix 13.

The RRP has **Affirmed** citation number 18.

19. **Standard C2.01c**
Comments from the Reconsideration Review Panel: The reconsideration document listed the data not available to the program in order for faculty to complete its evaluation of the curricular and administrative aspects of the program. The reconsideration response did not address the citation. The SSR did not provide evidence of a self-assessment process that included administrative aspects of the program, e.g., institutional support, resources (human, IT or financial) and/or student services.

The RRP has Affirmed citation number 19.

20. Standard E1.03
   Comments from the Reconsideration Review Panel: The reconsideration documents referenced the response to citation #7. It is the responsibility of the program to complete the application materials according to the instructions provided.

The RRP has Affirmed citation number 20.

Next Steps
The timeframe to declare the program/institution intention regarding the following options is within ten (10) days of receipt of this notification.

1) The program may voluntarily withdraw from the accreditation process.

2) The program may request a Formal Appeal hearing before the ARC-PA. Such a request must be received in writing by the ARC-PA. The Appeal process accompanies this letter as a pdf.

3) Notwithstanding the above, however, and solely in order to bring this matter to closure while supporting the University's primary concern, the commission offers a third option.

The ARC-PA will extend accreditation – probation status of the U of the Sciences-PA program until May 31, 2019 for students currently in the program – subject to the following conditions:

(a) The institution will not enroll any more students into the PA program.
(b) The institution agrees to voluntarily withdraw from the accreditation process by no later than May 31, 2019. Failure to do such will be cause for the ARC-PA to withdraw the accreditation of the program with no further opportunity to appeal.
(c) On June 1, 2019, the ARC-PA website will be updated to reflect the program status is as a previously accredited program.
(d) The institution/program will Teach-Out the current students in accordance and compliance with the Standards. Failure to comply may be cause for withdrawal of accreditation.

NOTE: The program requested a formal appeal hearing before the ARC-PA.
September 2016
Provisional Monitoring
Accreditation-Withdrawn

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has withdrawn accreditation from the University of the Sciences Graduate Professional Physician Assistant Program, sponsored by the University of the Sciences. The basis for this decision was the information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team, the program response and its accreditation history.

The conclusion was that the program is not in compliance with the educational standards required to be recognized as an accredited physician assistant program.

GENERAL COMMENTS
The materials presented in the application lacked the detail and rigor required as evidence of compliance with the Standards and for validation by the commission. This combined with the apparent lack of oversight in preparation for ARC-PA review and consideration is evidenced by the citations which follow.

The program’s application as originally submitted was missing many elements and the program did not follow directions for submitting documents as required by the ARC-PA. This inattention to detail required time and effort of ARC-PA staff to review the application, request missing items and insert them into the program’s application. The program should have thoroughly reviewed its application prior to submission to the ARC-PA.

Additionally, the program was unable to demonstrate it applied a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of its educational practices, policies and outcomes. There was very little, if any, data or analysis to apply to the curriculum or other dimensions of the program to support changes reported throughout the document. The narratives were relatively short (or not completed at all) and did not supply details needed to verify analysis was completed. The self-study frequently described conclusions not supported by data analysis and did not address a complete program assessment.

A well-developed self-assessment process critically evaluates all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites. The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions. The program’s self-study report did not demonstrate the program’s ability to use data and analysis to assess its strengths and weaknesses and then make needed improvements in the curriculum or other aspects of the program. The program based its action plans on conclusions, but those conclusions were not based upon analysis of supporting data.
During its review of the program, the ARC-PA noted the following citations related to noncompliance with the *Standards* (4th edition).

*At the commission's March 2016 meeting, several changes were made to the *Standards*. These changes were forwarded to programs in the Spring 2016 Notes to Programs and are included in the updated *Standards* on the ARC-PA website. If the commission cited any of these standards, they are identified with an asterisk (*).*

As you read the information below, please keep in mind the following: the ARC-PA defines “findings” as explanations that may accompany a citation. In addition, there may be “comments.” Their purpose is to clarify the issue of noncompliance, but not to specify how a problem may be resolved.

1. **Standard** A1.03a  
   **Findings:** The commission added this citation because the sponsoring institution has not demonstrated responsibility for support of program assessment.
   
   **Comments:** The sponsoring institution did not appear to have a full appreciation of the PA program's lack of ongoing, systematic self-assessment based on critical analysis. It did not take actions to support the program’s self-assessment needs or assist the program in developing a plan for the same. Please refer to citations C1.01, C1.02, C2.01b and C2.01c below.

2. **Standard** A1.03c  
   **Findings:** The commission added this citation because, as demonstrated by the citations that follow, the sponsoring institution did not support the program with the resources and oversight necessary for it to maintain compliance with ARC-PA Accreditation Standards.

3. **Standard** A2.09b  
   **Findings:** The program director did not demonstrate knowledge and responsibility for program administration.
   
   **Comment:** In the Initial Provisional application, the program had outlined a plan for ongoing program assessment. The program has been operational for almost two years and the program has not followed the plan as originally outlined. The current narrative regarding the self-assessment process was written primarily in the future tense, indicating that the process has yet to occur. While it appeared the program had planned to purchase PA Manager to assist in the ongoing self-assessment process, the program has only used it “as a repository of curriculum mapping” and for tracking of patient and procedure logs during clinical rotations.

4. **Standard** A2.09d
**Findings:** The program director did not demonstrate knowledge and responsibility for continuous review and analysis of the program.

**Comment:** According to the job description, the program director is responsible for coordinating the program's self-study activities. The self-study report submitted with the application did not make it clear how the program ensures that its self-assessment process is thorough enough to meet the *Standards*. See citations below.

5. **Standard A2.09e**

**Findings:** The program director did not demonstrate knowledge and responsibility for planning in preparation for the continuing accreditation process.

**Comment:** At the time of the visit, and as supported by the citations within this document, the program did not provide evidence that the program director was responsible for the planning needed to be compliant with the accreditation process, especially as related to the self-study report (SSR).

For example:

In the Initial Provisional application submitted in 2012, the program director checked the box “I am aware of this requirement and responsibility related to Student Evaluations of Faculty.” However, the SSR submitted with the Provisional Monitoring application did not include any data, analysis or plans as a result of student evaluation of the faculty. The SSR reported that the institutional evaluation tool was not specific enough for the program to use. At the time of the site visit, the program had not made changes to remedy the data collection issue.

In the Initial Provisional application submitted in 2012, the program director checked the box “As the program director, I am aware of this requirement and responsibility related to Preceptor Feedback of Student Preparedness.” However, the program acknowledged in its SSR, that it had not gathered data that specifically elicited preceptor feedback of student preparedness.

In the Initial Provisional application submitted in 2012, the program planned to add two FTE positions in 2015 when it increased its class size and the aggregate number of students reached 100. The program enrolled the increased class sizes in July 2015 and 2016 despite not having the increase in number of FTE faculty positions as planned.

6. **Standard A2.09f**

**Findings:** The program director did not demonstrate knowledge and responsibility for program development.
Comment: Program development includes development of modifications as a result of the ongoing program self-assessment process. The program described a plan for self-assessment. However, the program did not demonstrate implementation of that plan to review the quality and effectiveness of the educational practices, policies and outcomes.

Appendix L of the SSR stated “the program utilizes multiple avenues to evaluate all aspects of the program.” Although the narrative indicated the program had received “a significant amount of information” from this process, it did not report any analysis or actions as it was awaiting more data. Further, the program reported they would continue to collect data to be “constantly providing avenues to evaluate and improve.” However, there was no evidence of implementation of a process to identify strengths and weaknesses or develop plans for corrective intervention.

7. **Standard A2.09g**

   Findings: The program director did not demonstrate knowledge of, or responsibility for, program participation in the accreditation process.

   Comments: This citation was added because, as noted here and as demonstrated by the following citations, the program application and SSR were not completed according to the directions and guidelines provided by the ARC-PA. The program application was submitted missing a number of required appendices and without the required number of copies. The SSR was inadequate and did not verify the program’s self-assessment process. Parts of templates in the SSR were incomplete or not completed according to directions.

8. **Standard A2.03**

   Findings: At the time of the site visit in April 2016, principal faculty were not sufficient in number to meet the needs of enrolled students. Two faculty lines remained open since July 2015.

   Comments: At the time of the site visit, the program had two vacant faculty lines. The program response provided in May 2016 indicated a search was underway for the two positions open since 2015, with a third to be added July 2016. The program’s own self-assessment supported the need for additional faculty. In Appendix 13 I of the SSR, the program stated “With the increase of class size and the overlap of the three classes, the demand for faculty has increased.” In Appendix 13 N, two of the four areas needing improvement included plans to hire additional faculty.

9. **Standard A3.06**

   Findings: The program acknowledged it was not consistent in its published policy that does not allow students to substitute for clinical or administrative staff during supervised clinical practical experiences.
Comment: While the standard does not require there be written policy, the application referred to a published policy which was not verifiable at the time of the site visit. The policy also was noted in one affiliation agreement, but was not consistently present in all agreements. The program response to the observation acknowledged the inconsistencies.

10. *Standard B3.02

Findings: The commission was not able to verify supervised clinical practice experiences (SCPEs) enabled students to meet program expectations in preventive, emergent, acute, and chronic patient encounters and acquire the competencies needed for entry into clinical PA practice.

Comments: The application narrative referred to rotation syllabi for required competencies. However, other than instructional objectives, such requirements were not found at the time of the site visit.

The parameters of student logging were identified, including types of patient encounters. The application narrative noted student logging was reviewed by the Clinical Education Coordinator “to determine if the student is meeting the preliminary patient encounter/procedure requirements initially established by the program.” As above, these requirements were not found at the time of the site visit.

The program response indicated program expectations in the areas of preventive, emergent, acute, and chronic patient encounters had not been defined or communicated to students but acknowledged it was “developing benchmarks that will be available to students August 1, 2016.” The first SCPEs began January 2015 and were completed 17 months later which means the inaugural class was evaluated without program established benchmarks. Additionally, the program’s response to the observation did not provide evidence that the program had established expectations of students that would address the types of patient encounters essential to preparing them for entry into clinical practice.

This standard first requires the program to have well-defined expectations for necessary patient encounters and then requires the program to assess that those experiences have allowed the student to acquire the competencies needed for entry into clinical PA practice. Indicating that a student has had various clinical experiences is not enough to meet the standard. Students need to be able to demonstrate they have obtained some level of competence at doing what program faculty expects each to be able to do. This requires the program to have conceptual measures of achievement. Additionally, these measures must be tied to competencies that relate to the areas listed in the standard (in this case preventive, emergent, acute, and chronic patient encounters). To validate compliance, each student must be able to demonstrate s/he can do what is expected after having had specific experiences
and, the program must have a plan to address students who do not achieve the level of performance required.

11. **Standard B3.03a**

**Findings:** The program did not provide evidence that it had clearly defined program expectations for SCPEs with patients seeking medical care across the life span, to include infants, children, adolescents, adults, and the elderly.

**Comments:** At the time of the site visit and in the response to the observation, the program did not include any evidence to show it had defined expectations that allowed students to acquire the competencies needed for entry into clinical PA practice with patients seeking medical care across the life span. The program’s response to the observation indicated that the program was developing “benchmarks” to be available to students in August 2016. (The first SCPEs began January 2015).

The B3.03 standards require programs to clearly define requirements for supervised clinical practice experiences with patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure that experiences provide sufficient exposure to allow each student to meet those requirements and acquire the competencies needed for entry into clinical PA practice. The program must monitor, measure and document that each student can demonstrate s/he can do what is expected after having had the experiences. Simply indicating that a student has had a minimum number of clinical experiences is not enough. Benchmarks must measure student performance in relation to the expectations. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

12. **Standard B3.03b**

**Findings:** The program did not provide evidence that it had clearly defined program expectations for SCPEs with patients seeking women’s health care (including prenatal and gynecologic care).

**Comments:** At the time of the site visit and in the response to the observation, the program did not include any evidence to show it had defined expectations that allowed students to acquire the competencies needed for entry into clinical PA practice with patients seeking women’s health care. The program’s response to the observation indicated that the program was developing “benchmarks” to be available to students in August 2016. (The first SCPEs began January 2015).

The B3.03 standards require programs to clearly define requirements for supervised clinical practice experiences with patients seeking women’s health. Those requirements
must be communicated to students and preceptors prior to the SCPEs. The program then must assure that experiences provide sufficient exposure to allow each student to meet those requirements and acquire the competencies needed for entry into clinical PA practice. The program must monitor, measure and document that each student can demonstrate s/he can do what is expected after having had the experiences. Simply indicating that a student has had a minimum number of clinical experiences is not enough. Benchmarks must measure student performance in relation to the expectations. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

13. **Standard B3.03c**
   **Findings:** The program did not provide evidence that it had clearly defined program expectations for SCPEs with patients seeking care for conditions requiring surgical management, including pre-operative, intra-operative and post-operative care.

   **Comments:** At the time of the site visit and in the response to the observation, the program did not include any evidence to show it had defined expectations that allowed student to acquire the competencies needed for entry into clinical PA practice with patients seeking surgical management. The program’s response to the observation indicated that the program was developing “benchmarks” to be available to students in August 2016. (The first SCPEs began January 2015).

   The B3.03 standards require programs to clearly define requirements for supervised clinical practice experiences with patients seeking surgical management. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure that experiences provide sufficient exposure to allow each student to meet those requirements and acquire the competencies needed for entry into clinical PA practice. The program must monitor, measure and document that each student can demonstrate s/he can do what is expected after having had the experiences. Simply indicating that a student has had a minimum number of clinical experiences is not enough. Benchmarks must measure student performance in relation to the expectations. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

14. **Standard B3.03d**
   **Findings:** The program did not provide evidence that it had clearly defined program expectations for SCPEs with patients seeking care for behavioral and mental health conditions.

   **Comments:** At the time of the site visit and in the response to the observation, the program did not include any evidence to show it had defined expectations that allowed student to acquire the competencies needed for entry into clinical PA practice with patients seeking care.
for behavioral and mental health conditions. The program’s response to the observation indicated that the program was developing “benchmarks” to be available to students in August 2016. (The first SCPEs began January 2015).

The B3.03 standards require programs to clearly define requirements for supervised clinical practice experiences with patients seeking care for behavioral and mental health conditions. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure that experiences provide sufficient exposure to allow each student to meet those requirements and acquire the competencies needed for entry into clinical PA practice. The program must monitor, measure and document that each student can demonstrate s/he can do what is expected after having had the experiences. Simply indicating that a student has had a minimum number of clinical experiences is not enough. Benchmarks must measure student performance in relation to the expectations. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

15. **Standard B3.07a**

**Findings:** The program did not demonstrate that all students had SCPEs with preceptors practicing in family medicine. Nor did the program provide a compelling reason it could not meet the standard, at the time of the site visit or in the application.

**Comments:** The application narrative for this standard addressed patient populations and setting rather than the practice specialty of the preceptor. Standard B3.07 is about the preceptors and **not** the types of patients that may be seen in certain practices.

The program acknowledged in its response to the observation, “When students are not placed with family practitioners that they are placed with general internists.” The response further indicated the program’s plan to heighten efforts to recruit family medicine preceptors.

This is a “should” standard, and as such, it is the responsibility of the program to meet the standard or provide a compelling reason it cannot. While the program acknowledged it is challenged to find family medicine preceptors, it did not explain, in sufficient detail, in its application or at the site visit, the process used to find sufficient preceptors nor did it provide compelling reasons for not complying with this standard.

16. **Standard C1.01**

**Findings:** The program has not implemented an ongoing self-assessment process that documents program effectiveness or fosters program improvement. There was no evidence provided to support the program gave careful thought to data management and interpretation. The program did not demonstrate outcome measures were used with evaluation about the results, or, relevance of the data for potential improvement or change.
Comments: The self-assessment process was based primarily on weekly department meetings and annual retreats. The application narrative identified multiple data sources, primarily related to curriculum, student assessment and graduate outcomes, such as PANCE results. There was no specific description of a process or data related to program administrative functions and outcomes (other than review of the admissions process by the Admissions Committee), as required in the annotation for this standard. The application did include a table which mirrored the narrative and, like the narrative, did not address administrative functions and outcomes such as institutional sponsorship, resources and/or student services.

At the time of the site visit, the program described a data collection process but data collection was not consistent. When data was collected, the program did not implement a process that incorporated critical analysis of quantitative and qualitative performance data.

For example:
Student Evaluations of Faculty Appendix 13C
The program provided no data, no analysis and no action plans. The narrative stated that the data collected was not “…specific enough for the program.”

Failure Rates of Each Course or Rotation Appendix 13D
There was no analysis of trends/patterns of C grades, no conclusions, and no specific actions documented. To verify analysis of the data collected, the only comment in the Appendix D narrative was, “Evaluation of test questions and course requirements”.

Preceptor Feedback of Student Preparedness Appendix 13F
The program acknowledged, in the application, that it had not gathered data that specifically elicited preceptor feedback of student preparedness.

Sufficiency and Effectiveness of Faculty Appendix 13I
The narrative did not discuss the data provided in the table or attempt to relate the faculty/student ratios to the program’s curricular model, mission and resources.

Faculty evaluation of the curricular and administrative aspects of the program Appendix 13L
The application narrative listed data sources, such as student evaluations and “other sources” of student feedback, and described department meetings and faculty retreats as the opportunity for review/analysis. No data sources related to administrative aspects of the program were identified. No analysis of the data listed in the narrative was provided in this appendix nor was it referenced in other parts of the SSR.

The program response to the citation indicated acknowledgement of the incomplete self-
assessment process by planning a PAEA workshop on assessment.

16. **Standard C1.02**  
**Finding:** The program failed to demonstrate its ongoing self-assessment process resulted in data-driven modifications to the curriculum and other dimensions of the program. Absent a self-assessment process, it is difficult to apply results of that assessment to the program. There were course and curricular changes reported, but what was lacking was evidence of the intermediate steps leading to those changes.

**Comments:** The program did not adequately convey its systematic process of data analysis and therefore did not demonstrate the ability to apply results of the self-assessment process to the program curriculum and other aspects of the program.

The program response to the observation acknowledged that the change in course content reported as a result of program self-assessment was not the result of a data driven process. Modifications that are routine updates and not part of the self-assessment process, such as reorganization of the curriculum to reduce redundancy are important. However, such examples do not demonstrate application of results of an ongoing self-assessment process, which is what programs are asked to communicate in the self-study report.

17. **Standard C2.01b**  
**Findings:** The program did not prepare a self-study that documented critical analysis occurred as part of the ongoing self-assessment process.

**Comments:** The program did not consistently document data gathering and analysis leading to conclusions and action plans.

For example:

**Student Evaluations of Courses/Rotations Appendix 13B**  
The actions included combining the physiology and pathophysiology courses into one two-semester course series, changing instructors for the research course, and establishing separate courses for Women’s Health and Emergency Medicine. Although these actions may have been beneficial for the curriculum, they were not supported by data or data analysis.

**Student Attrition Appendix 13E**  
The analysis narrative did not address possible underlying predictors for students with delays in progress or needing remediation, e.g., admissions demographics and/or performance in the program. Conclusions and action plans were not consistently linked to data or data analysis.

**Preceptor Feedback of Student Preparedness Appendix 13F**  
Neither qualitative nor quantitative data was provided to support conclusions about
students’ weakness in pharmacology and differential diagnoses, in geriatrics or in behavioral health. The program’s action plans were based on conclusions but not on supporting data analysis.

**Sufficiency and Effectiveness of Faculty Appendix 13I**
The University approved two additional principal faculty as of July 1, 2015. The narrative stated that searches are underway and they “hope to have the positions filled by June 30, 2016.” There was no explanation of the extended time for the search and any difficulties encountered in filling the positions. There was no identification of “adjustments” made based on student evaluations of faculty effectiveness.

Overall, the program did not provide evidence of a data-driven self-assessment process, and in particular did not address evaluation of administrative aspects of the program.

The program acknowledged in its response to the observation, that while there is three years’ worth of data accumulated, assistance is needed in “determining the appropriate approach to employ this data.”

18. **Standard C2.01c**
**Findings:** The program did not prepare a self-study report (SSR) that completely documented faculty evaluation of the curricular and administrative aspects of the program.

**Comments:** The program addressed appendix 13L, Faculty Evaluation of the Curriculum and Administrative Aspects of the Program, only in superficial and general terms. It was clear from other sections of the SSR that faculty evaluation led to modifications in the didactic curriculum. However, the analysis narrative concluded that the program was “awaiting more data as our students graduate and seek employment.” No analysis of curricular data was included.

Additionally, like the description of the self-assessment process in C1.01, in this Appendix the program did not provide evidence of a self-assessment process that included administrative aspects of the program, e.g., institutional support, resources and/or student services. The narrative listed data sources, such as student evaluations and “other sources” of student feedback, but no data sources related to administrative aspects of the program were identified.

The action plan was limited and included a plan to review PANCE scores and graduate surveys (when available). The plan also included this sentence fragment, “In addition preceptor and student site evaluations.”

19. **Standard E1.03**
**Findings:** The program did not submit the application and self-study report as required by the ARC-PA. In a number of places, the application was not complete, responses were too
brief to answer the question or the program did not follow directions.

Comments: The program’s original application submitted to the ARC-PA office was missing eight appendices and the required urls/pages addressing the A3 standards. Insufficient copies of the application were submitted.

NEXT STEPS
If the program wishes to appeal the ARC-PA’s decision, it must send a written Notice of Appeal within thirty (30) calendar days of the date of this letter. If a Notice of Appeal is not received, this decision is final and not subject to appeal. A copy of the ARC-PA Appeal Procedure is attached for your information.

Unless an appeal is initiated, or unless the program and institution consider the alternative approach below, a detailed description of the process used to notify students and applicants of its accreditation-withdrawn status must be sent to the ARC-PA office within 30 calendar days. The program listing on the ARC-PA website will reflect the program’s accreditation-withdrawn status. If an appeal is initiated, the program accreditation status on the ARC-PA website will not change until the outcome of the appeal has been resolved.

Alternatively, the program may voluntarily withdraw from the accreditation process. The timeframe to do so is the same as above.

Action: By motion duly made and seconded, the program’s accreditation was withdrawn.

September 2013
Report Due: Completion and submission of program portal data.

Disposition: The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) acknowledges the completion and submission of the program portal data for the University of the Sciences – Philadelphia.

September 2012
Accreditation - Provisional
During its review of the program, the ARC-PA noted zero citations related to noncompliance with the Standards (4th edition).

Report Due: The program report is due no later than March 30, 2013.
- Completion and submission of program portal data

Action: By motion duly made and seconded, the program was granted Accreditation-Provisional. The Provisional Monitoring visit of the program by the ARC-PA will be scheduled to occur within six months prior to the graduation of the first
cohort of students. The program is approved for up to 20 students in year 1, 40 in year 2 and 40 in year 3, as specified in the program’s application.