

Quinnipiac University Accreditation History

First accredited: October 1995

Next review: July 2033

Maximum class size: 54

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September 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 0 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: July 2033. Maximum class size: 54.

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

- Description of how the program will determine whether each student has met the program's expected SCPE learning outcomes and monitor the progress of each student to promptly identify and address documented deficiencies in a timely manner, learning outcomes for each required rotation and document(s) necessary to verify the program has the means to monitor and document each student's progress in a manner that promptly identifies deficiencies

No further information requested.

March 2025

The commission **reviewed and more information requested** of the report providing evidence of

- narrative regarding the timeline and progress the program has made in filling faculty and staff positions, Supervised Clinical Practice Experience (SCPE) learning outcomes and instructional objectives

Additional information (description of how the program will determine whether each student has met the program's expected SCPE learning outcomes and monitor the progress of each student to promptly identify and address documented deficiencies in a timely manner, learning outcomes for each required rotation and document(s) necessary to verify the program has the means to monitor and document each student's progress in a manner that promptly identifies deficiencies) due by April 25, 2025.

Program Change: Change in program fiscal support. The commission **acknowledged** the change. No further information requested.

June 2024

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.13a** (provided evidence the program defines, publishes, consistently applies and

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makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups (if applicable)

- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B2.08b** (provided evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **Standard B3.03a** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (narrative regarding the timeline and progress the program has made in filling faculty and staff positions, Supervised Clinical Practice Experience (SCPE) learning outcomes and instructional objectives) due by September 30, 2024.

Program Change: Change in program fiscal support. The commission **reviewed and more information requested** of the change. Additional information (clarification of if the program's budget increased or decreased for FY24, rationale for the change in budget for each line item, and official institutional budget for the program for the past five years and for the proposed budget for FY 2024-2025) due by September 30, 2024

The program received a Warning Letter regarding faculty sufficiency, faculty salaries and benefits, and inconsistent budget submissions.

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September 2023

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Evidence the program had sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- Evidence that the program had defined its learning outcomes for supervised clinical practice experiences to include clinical and technical skills.
- Evidence that all preceptors were certified in their area of instruction, or that the program explained why it couldn't meet the standard and had a process for verifying and documenting preceptors were qualified in their area of instruction.
- Evidence to demonstrate that supervised clinical practice experiences (SCPEs) enabled each student to meet program defined learning outcomes for family medicine.
- Evidence the program had implemented a comprehensive and ongoing self-assessment process that documented program effectiveness and fostered program improvement throughout all areas of the program.

A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 54. The program did not appeal the commission's decision.

Report due February 1, 2024 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups (if applicable))
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to

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meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)

- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Report due February 6, 2025 (*Standards*, 5th edition):

- **Standard C1.03** modified Self-Study Report (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard A3.12e** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include academic credit offered by the program)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)

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- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

September 2021

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

- How the program determines faculty sufficiency based on workload and/or student contact hour calculations. No further information requested.

June 2021

The commission **reviewed and more information requested** on the follow-up report

- Regarding instructional faculty and how faculty and staff sufficiency is defined.

Additional information (narrative detailing how the program determines faculty sufficiency based on workload and/or student contact hour calculations) due June 18, 2021.

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

- Changes in response to COVID-19. No further information requested.

March 2021

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

- Changes in response to COVID-19. No further information requested.

Program Change: Change in program support. The commission **reviewed and more information requested**. Additional information (narrative regarding instructional faculty and how faculty and staff sufficiency defined) due January 18, 2021.

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

- Updates in response to COVID-19. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due November 15, 2020.

March 2017

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.

May 2016

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The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from September 2020 to September 2023 due to this change.

September 2014

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

- Updating PANCE and SCPEs in the Portal. No further information requested.

March 2014

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

- Program Management Portal update,

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.08** (provided evidence the sponsoring institution provides the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A1.09** (provided evidence the sponsoring institution provides the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A1.11** (provided evidence the sponsoring institution supports the program in securing clinical sites and *preceptors* in *sufficient* numbers for program-required clinical practice experiences),
- **Standard A2.03** (provided evidence that principal faculty were sufficient in number to meet the academic needs of enrolled students).
- **Standard A2.09e** (provided evidence the program director is knowledgeable about and responsible for program planning),
- **Standard A2.14** (provided evidence of sufficient instructional faculty),
- **Standard A2.18** (provided evidence of sufficient administrative support for the program),
- **Standard A3.16** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standards B3.03a-d** (provided evidence of supervised clinical practice experiences [SCPEs] 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),
- **Standards B3.04a-d** (provided evidence SCPEs occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- **Standards B3.07a-f** (provided evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care) and
- **Standard E1.09** (provided evidence the program informed the ARC-PA of an increase in maximum class size).

Additional information requested by April 2, 2014 (update PANCE data in Portal).

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September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. The program is approved for up to 54 students per class.

Report due November 1, 2013

- Update Program Management Portal,

Due January 1, 2014 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A1.09** (lacked evidence the sponsoring institution provides the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and *preceptors* in *sufficient* numbers for program-required clinical practice experiences),
- **Standard A2.03** (lacked evidence that principal faculty were sufficient in number to meet the academic needs of enrolled students.
- **Standard A2.09e** (lacked evidence the program director is knowledgeable about and responsible for program planning),
- **Standard A2.14** (lacked evidence of sufficient instructional faculty),
- **Standard A2.18** (lacked evidence of sufficient administrative support for the program),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences [SCPEs] 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),
- **Standards B3.04a-d** (lacked evidence SCPEs occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care) and
- **Standard E1.09** (lacked evidence the program informed the ARC-PA of an increase in maximum class size) and

Due May 1, 2014

- Update listing of supervised clinical practice experiences in the Portal.

September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 162. The commission noted zero areas of noncompliance with the *Standards*.

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March 2004

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

- The work-study student and support staff. No further information requested.

September 2003

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

- **Standard A2.23** (provided evidence of sufficient support staff),
- **Standard B1.4** (provided evidence of measurable instructional objectives and expected student outcomes in all courses),
- **Standard C2.2c, d** (provided evidence of critical analysis of outcome data for c) failure rates in courses and rotations and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and
- **Standard C4.1c** (provided evidence of program strengths, weaknesses, and opportunities for improvement in the self-study report).

Additional information (narrative regarding work-study student as support staff) due January 15, 2004.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 162.

Report due July 15, 2003 (*Standards*, 2nd edition) -

- **Standard A2.23** (lacked evidence of sufficient support staff),
- **Standard B1.4** (lacked evidence of measurable instructional objectives and expected student outcomes in all courses),
- **Standard C2.2c, d** (lacked evidence of critical analysis of outcome data for c) failure rates in courses and rotations and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and
- **Standard C4.1c** (lacked evidence of program strengths, weaknesses, and opportunities for improvement in the self-study report).

Personnel Change: A new medical director was appointed, effective July 1, 2002. Additional information (licensure status) requested.

March 2001

Program Change: Quinnipiac College became Quinnipiac University, effective July 1, 2000.

March 1999

The commission **accepted the report** addressing 1st edition

- **Standard I B 1c3** (provided evidence of sufficient faculty),
- **Standard I B 1d** (provided evidence of sufficient clerical support staff) and
- **Standard I D 1f** (provided evidence of clearly described policy and processes for students performing service work).

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September 1998

Accreditation-Continued; Next Comprehensive Evaluation: September 2002.

Report due February 1, 1999 (*Standards*, 1st edition) -

- **Standard I B 1c3** (lacked evidence of sufficient faculty),
- **Standard I B 1d** (lacked evidence of sufficient clerical support staff) and
- **Standard I D 1f** (lacked evidence of clearly described policy and processes for students performing service work).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1995 by CAAHEP is not available.