

## Saint Joseph's University Accreditation History

First accredited: March 2020  
Next review: April 2027  
Maximum class size: 40/40/40  
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### January 2026

Focused Visit; The commission noted 2 areas of noncompliance with the *Standards*.  
Report due April 7, 2026 (*Standards*, 6<sup>th</sup> edition):

- **Standard A1.07a** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students, including sufficient program faculty)
- **Standard C1.02** (lacked evidence program documents ongoing self-assessment of the sufficiency of program personnel by collecting data, using critical analysis to draw conclusions, and creating self-improvements to include student, faculty, and staff evaluation of the sufficiency of personnel by type or task; principal faculty and staff full-time equivalents [FTE] filled and vacant with attrition rates; and workload calculation for each program faculty and staff member)

### March 2025

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

- Evidence that the sponsoring institution demonstrated responsibility and provided appropriate support to the program for program assessment and compliance with ARC-PA Standards.
- That the sponsoring institution supported the program in hiring staff to provide the program with sufficient human resources.
- Clearly defined, published, and readily available information regarding student mistreatment.
- Evidence that the program is effective in meeting its published goals.
- Evidence of a didactic and clinical curriculum of sufficient breadth and depth to prepare students to enter clinical practice.
- Evidence of appropriate student evaluation demonstrating alignment between what is expected and taught and the ability to identify and address student deficiencies promptly in the clinical curriculum.
- Evidence of a fully defined, ongoing self-assessment process that included data collection, critical data analysis, and documented program effectiveness and fostered program improvement.
- Verification of a self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.

The commission noted 14 areas of noncompliance with the *Standards* and 2 new observations by the commission. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 40. The program did not appeal the commission's decision.

Report due October 1, 2025 (*Standards*, 5<sup>th</sup> 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 A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to

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operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)

- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **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 A3.15f** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
  
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B4.01a** (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 and that align with what is expected and taught)
- **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 and that allow the program to identify and address any student deficiencies in a timely manner)

Report due June 1 2026 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)
- **Standard C1.03** (lacked evidence the 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 next submission):

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

Observation response due June 1, 2026 (*Standards*, 5th edition):

- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)

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- **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)

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. No further information requested at this time.

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

- Policy on students having SCPEs with physicians who are board-certified in their area of instruction and description of the specific vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area.

No further information requested.

### September 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **did not accept the report**. No further information requested at this time.

### June 2024

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

- description of the vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area
- No further information requested.

Additional information (policy on students having SCPEs with physicians who are board-certified in their area of instruction and description of the specific vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area) due October 1, 2024.

### March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard C2.01a** (provided evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised

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clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)

- **Standard C2.01b** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

Additional information (description of the vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area) due by February 1, 2024.

### September 2023

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

- Updates to the program's Program Management Portal and website. No further information requested.

### March 2023 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2025 (Final Provisional). The program's maximum class size remains 40.

Report due May 15, 2023:

- Update PANCE data in Program Management Portal and on website

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard C2.01a** (lacked evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

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

- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

### June 2022

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

- MSCHE documentation of the approval of the merger of the University of the Sciences and St. Joseph's University.

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

### March 2022

Program Change: Change in sponsorship from the University of the Sciences to Saint Joseph's University. The commission **acknowledged the program's proposed change** and requested additional information (documentation from Middle States Commission on Higher Education (MSCHE) confirming approval of the change) once it is available.

### March 2021

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

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

### September 2020

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B3.03a** (provided evidence of clearly defined learning outcomes and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have met the learning outcomes) and
- **Standard C4.01** (provided evidence the program maintains and documents effective processes for the initial evaluation of all sites and preceptors used for SCPEs). No further information requested.

### March 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

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.

Report due June 17, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have met the learning outcomes) and
- **Standard C4.01** (lacked evidence the program maintains and documents effective processes for the initial evaluation of all sites and preceptors used for SCPEs).

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

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- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in pediatrics)
  - **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in ob/gyn)
  - **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in behavioral and mental health care)
  - **Standard D1.03** (lacked evidence the developing program informs, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants)
  - **Standard D1.07** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of the number of anticipated students)
- 

The program was accredited from September 2012 through May 2019.

### February 2017-May 2019

Adverse Action-Accreditation-Probation. The program voluntarily withdrew from the accreditation process, after completing a teach-out of students who were in the program at the time accreditation was withdrawn.

### December 2016

Adverse Action-Accreditation Withdrawn. The Reconsideration Review Panel upheld the commission's decision. The program voluntarily withdrew from the accreditation process, after completing a teach-out of its students. Action based on noncompliance with *Standards*, 4<sup>th</sup> edition

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standards A2.09b and d-g** (lacked evidence the program director is knowledgeable about and responsible for program b) administration, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.06** (lacked evidence that students must not substitute for clinical or administrative staff during supervised clinical practice experiences [SCPEs]),
- **Standard B3.02** (lacked evidence SCPEs enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence that the program has clearly defined program expectations for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions)
- **Standard B3.07a** (lacked evidence SCPEs occur with preceptors practicing in family medicine),

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- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the program) and
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

### September 2016 (following Provisional Monitoring review)

Adverse Action-Accreditation Withdrawn. Action based on noncompliance with *Standards*, 4<sup>th</sup> edition

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standards A2.09b and d-g** (lacked evidence the program director is knowledgeable about and responsible for program b) administration, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.06** (lacked evidence that students must not substitute for clinical or administrative staff during supervised clinical practice experiences [SCPEs]),
- **Standard B3.02** (lacked evidence SCPEs enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence that the program has clearly defined program expectations for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions)
- **Standard B3.07a** (lacked evidence SCPEs occur with preceptors practicing in family medicine),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the program) and
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

The program appealed the commission's decision.

### September 2012

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

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. The commission noted zero areas of noncompliance with the *Standards*.