University of Michigan-Flint
Accreditation History

First accredited: September 2020
Next review: July 2035
Maximum class size: 50

July 2026
The program's PANCE pass rate percentage was 85% or less for its 2025 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

April 2026
The commission accepted the report addressing 5th edition

- ***Standard A3.17b*** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met institution and program health screening and immunization requirements)
- ***Standard C1.03*** (provided 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 further information required.

June 2025 (following Final Provisional review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. The commission noted 2 areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: July 2035. Maximum class size: 50.
Report due December 1, 2025 (*Standards*, 5th edition):

- ***Standard A3.17b*** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met institution and program health screening and immunization requirements)
- ***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)

March 2025
The commission **reviewed and additional information requested of the report** providing evidence of

- Revised supervised clinical practice experience (SCPE) expected learning outcomes that must be attained by each student at the completion of a SCPE, amended table of physician preceptors, description of vetting process that the program uses to determine if a non-physician, non-PA preceptor is qualified in their area of instruction, and revised preceptor evaluation tools for each SCPE)

No further information requested. Program will be comprehensively reviewed at its Final Provisional and Probation review in June 2025.

September 2024
The commission **accepted the report** providing evidence of

- the sponsoring institution providing academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution

No further information requested.

June 2024

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

- ***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*** (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*** (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 B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 B4.01b*** (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 identifies and addresses any student deficiencies in a timely manner)

Additional information (Revised supervised clinical practice experience (SCPE) expected learning outcomes that must be attained by each student at the completion of a SCPE, amended table of physician preceptors, description of vetting process that the program uses to determine if a non-physician, non-PA preceptor is qualified in their area of instruction, and revised preceptor evaluation tools for each SCPE) due September 30, 2024.

The program received a Warning Letter regarding continued noncompliance on issues related to learning outcomes for supervised clinical practice experiences, alignment of assessments to learning outcomes, and qualifications of preceptors.

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 **accepted the report**. No further information requested.

March 2024

The commission **accepted** 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 A2.09b*** (provided evidence program director is knowledgeable about and responsible for program administration)
- ***Standard A2.16*** (provided evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***Standard A3.12f*** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuitions, fees, etc.] related to the program)
- ***Standard A3.17b*** (provided evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- ***Standard B1.03e*** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)

No further information requested.

Report due May 15, 2024 (*Standards*, 5th edition):

- ***Standard A1.04*** (lacked evidence the sponsoring institution provides academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution)

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

- Updates to the program's website. No further information requested.

June 2023

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

- Evidence the sponsoring institution supported program assessment.
- Evidence the program director was knowledgeable and responsible for continuous programmatic review and analysis.
- Defined, published and readily available information regarding estimates of program costs.
- Evidence that student academic records include verification that students met institutional and program health screening and immunization requirements.

- Verification of SCPEs occurring with physicians' board certified in their area of instruction or NCCPA certified PAs or other licensed health care providers.
- Documentation for all clinical (SCPE) courses of defined and published learning outcomes or instructional objectives that addressed performance or achievement of technical skills.
- Evidence that the SCPEs enable students to meet the program's learning outcomes for:
    - emergent, acute, and chronic patient encounters;
    - across the life span (to include infants, children, adolescents, adults and the elderly);
    - women's health (to include prenatal and gynecological care);
    - for conditions requiring surgical management; and
    - for behavioral and mental health conditions.
- 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.

A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.

Report due October 1, 2023 (*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 A2.09b*** (lacked evidence program director is knowledgeable about and responsible for program administration)
- ***Standard A2.16*** (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***Standard A3.12f*** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuitions, fees, etc.] related to the program)
- ***Standard A3.17b*** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)

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

- ***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 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 B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 B4.01b*** (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 identifies and addresses any student deficiencies in a timely manner)

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

- ***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
- ***Standard C1.03*** (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)
- ***Standard E1.03*** (the program did not submit documents as required by the ARC-PA)

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

- description of how the program aligns student assessments with the expected SCPE learning outcomes related to clinical and technical skills, identifying which skills are required by the program, definition of the program's expectations regarding the level of competency demonstrated by the student in performing the skill, SCPE expectations for each required rotation, and evaluation tools used to verify the program has a means to determine whether

each student has met the learning outcomes on SCPEs by aligning evaluation with what is expected

No further information requested.

September 2022

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

- description of the program's expected benchmark(s) for assessment of student performance in meeting the learning outcomes and instructional objectives for the SCPE components of the curriculum and evaluation tools used to verify the program has a means to determine whether each student has met the learning outcomes on SCPEs by aligning evaluation with what is expected

Additional information (description of how the program aligns student assessments with the expected SCPE learning outcomes related to clinical and technical skills, identifying which skills are required by the program, definition of the program's expectations regarding the level of competency demonstrated by the student in performing the skill, SCPE expectations for each required rotation, and evaluation tools used to verify the program has a means to determine whether each student has met the learning outcomes on SCPEs by aligning evaluation with what is expected) due September 28, 2022.

March 2022

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

- ***Standard B2.02b*** (provided evidence the curriculum includes instruction in physiology),
- ***Standard B2.08a*** (provided evidence the curriculum includes instruction in the provision of medical care for adolescents),
- ***Standard B4.01a*** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallels the program's required learning outcomes) and
- ***Standard C1.01a-g*** (provided evidence the program has an ongoing self-assessment process that addresses a) administrative aspects and instructional resources, b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum, d) graduate preparation, e) PANCE performance, f) sufficiency and effectiveness of principal and instructional faculty and staff and g) success in meeting the program's goals).

Additional information (description of the program's expected benchmark(s) for assessment of student performance in meeting the learning outcomes and instructional objectives for the SCPE components of the curriculum and evaluation tools used to verify the program has a means to determine whether each student has met the learning outcomes on SCPEs by aligning evaluation with what is expected) due May 20, 2022.

September 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 40 students in the first class of students, 46 in the second class and 50 in the third class.

Report due December 18, 2021 (*Standards*, 5th edition) -

- ***Standard B2.02b*** (lacked evidence the curriculum includes instruction in physiology),

- ***Standard B2.08a*** (lacked evidence the curriculum includes instruction in the provision of medical care for adolescents),
- ***Standard B4.01a*** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallels the program's required learning outcomes) and
- ***Standard C1.01a-g*** (lacked evidence the program has an ongoing self-assessment process that addresses a) administrative aspects and instructional resources, b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum, d) graduate preparation, e) PANCE performance, f) sufficiency and effectiveness of principal and instructional faculty and staff and g) success in meeting the program's goals).

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

- ***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)