

University of Texas Medical Branch-Galveston Accreditation History

First accredited: February 1973

Next review: October 2027

Maximum class size: 99

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September 2025

Program Change: change in academic degree and change in program length. The commission **did not approve the program's proposed change** in title of degree or graduation requirements. The program may reapply.

September 2023

Program Change: proposed curriculum for a dual track MPAS/MPH program. The commission **reviewed and requested additional information** (rationale related to the change in degree and curriculum and what impact this will have on the current program; comparison of the current curriculum with the proposed dual degree MPH/MPAS curriculum; detail regarding change in resources required; who the dual program will be offered to, admissions processes, and any change in the program's budget; if the proposed four or five students will be added to the existing student capacity; and documentation of institutional and/or regional accrediting body approval for the change in curriculum and offering the dual degree MPH/MPAS) by October 1, 2023.

March 2023

Program Change: Addition of two semester hours to graduation requirements, effective July 1, 2023. The commission **approved the program's proposed change**. No further information requested.

September 2022

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2021

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

- **Standards C2.01b-c**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

June 2019 (following probation site visit)

Accreditation Continued; Next Comprehensive Evaluation: June 2027. Maximum Class Size: 99.

Report due February 4, 2021 (*Standards*, 4th edition) -

- **Standards C2.01b-c**, modified Self-Study Report (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 curricular and administrative aspects of the program).

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

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- The updated website. No further information requested.

March 2019

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

- The website update. Additional information (further update of success of achieving goals on website) due January 31, 2019.

June 2018

The commission **did not accept the quarterly report** regarding the search for the program director and faculty. Additional report (resubmit report; must have hired permanent program director) due December 31, 2018.

Report due September 1, 2018 (update website with success of achieving program goals).

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

- The program director's job description and the remediation policy. No further information requested.

March 2018

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 program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.02a** (provided evidence the program director is assigned to the program with at least 80% of that time devoted to academic and administrative responsibilities in support of the program),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.08** (provided evidence the program director provides effective leadership and management),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A2.14** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation),
- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and

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- **Standard B3.06b** (provided evidence of supervised clinical practice experiences with PAs teamed with physicians who are specialty board certified in their area of instruction).

Additional information (program director job description and correction of remediation policy) due March 1, 2018. Quarterly reports due on status of hiring program director and faculty.

July 2017

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: June 2019. Maximum class size: 99. A focused probation site visit will occur in advance of the September 2019 commission meeting. The program did not appeal the commission's decision.

Report due November 15, 2017 (*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 program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.02a** (lacked evidence the program director is assigned to the program with at least 80% of that time devoted to academic and administrative responsibilities in support of the program),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management),
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation),
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and
- **Standard B3.06b** (lacked evidence of supervised clinical practice experiences with PAs teamed with physicians who are specialty board certified in their area of instruction).

Due January 15, 2019 (*Standards*, 4th edition) – (for the focused probation site visit)

- **Standards C2.01b-c**, modified Self-Study Report (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 curricular and administrative aspects of the program).

February 2013

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2016 to September 2017 due to this change.

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September 2011

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

- The status of hiring faculty, space acquisition and additional sites. No further information requested.

Program Change: Change in length of program (28 to 26 months), effective June 25, 2012. The commission **acknowledged the program change**. No further information requested.

March 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standard B7.04e** (provided evidence supervised clinical practice experience is provided in long-term care settings),
- **Standards B7.05f/B3.07f** (provided evidence supervised clinical practice experience occurs with residency trained physicians or other licensed health care professionals experienced in psychiatry) and
- **Standards C2.01b1, b2, b4 and b5/C2.01b** (provided evidence the self-study documents
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty and
 - b5) graduate evaluations of curriculum and program effectiveness). No further information requested.

September 2010

Accreditation Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 227.

Report due December 31, 2010 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standard B7.04e** (lacked evidence supervised clinical practice experience is provided in long-term care settings),
- **Standards B7.05f/B3.07f** (lacked evidence supervised clinical practice experience occurs with residency trained physicians or other licensed health care professionals experienced in psychiatry) and
- **Standards C2.01b1, b2, b4 and b5/C2.01b** (lacked evidence the self-study documents
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty and

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- b5) graduate evaluations of curriculum and program effectiveness).

Due July 1, 2011

- Status of hiring faculty, space acquisition and additional sites.

Program Change: Change in maximum student capacity (186 to 227), effective August 2010. The commission **acknowledged the proposed change**.

September 2007

Program change: Change in maximum student capacity (108 to 186), effective August 2007. The commission **acknowledged the proposed change**. Additional information (letter of support) due as soon as possible.

March 2005

Program Change: Change in semester hours (100 to 110 in two-year track and 133 to 143 in three-year track) and start date (June to August). The commission **acknowledged the program change**. No further information requested.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 108. The commission noted zero areas of noncompliance with the *Standards*.

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

- Budget, lab space and timetable for hiring. No further information is requested.

December 2001

Program Change: Change in curriculum (baccalaureate to master's), effective June 2001. After review of proposed budgetary and faculty changes and explanation why second year class expected to decrease, the commission **acknowledged the proposed change**. Additional information (detailed budget, update on lab space and timetable for hiring new faculty and staff) due July 15, 2002 and due January 15, 2003 (performance of students in both tracks [two and alternate three-year]).

March 2001

Program Change: Change in curriculum (baccalaureate to master's), effective June 2001. Additional information (proposed budgetary and faculty changes, explanation why second year class expected to decrease) due July 20, 2001.

NOTE: The ARC-PA commission action information available begins in March 2001. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.