

University of California - Davis Accreditation History

First accredited: March 1974
Next review: March 2027
Maximum class size: 65
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September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. 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.

March 2020

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.

March 2019

Program Change: Increase in class size (65 to 70, effective June 1, 2020 and to 75, effective June 1, 2022). The commission **did not approve the proposed change**. The proposal lacked specificity to understand the rationale for the proposed change.

March 2018

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

- **Standards B3.07d and e** (provided evidence that supervised clinical practice experiences [SCPEs] occur with preceptors practicing in d) pediatrics and e) ob/gyn). No further information requested.

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.

The commission **did not accept** the November 2017 report on standards B3.07d and e as 100% of the students did not have SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn. Additional evidence regarding standards B3.07d and e requested by January 15, 2018.

September 2017

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

- **Standards B3.07d and e** (lacked evidence that supervised clinical practice experiences [SCPEs] occur with preceptors practicing in d) pediatrics and e) ob/gyn).

Additional information requested by November 20, 2017 (further verification that 100% of the students are placed with preceptors practicing in d) pediatrics and e) ob/gyn [standards B3.07d and e]).

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The program's PANCE pass rate percentage was 85% or less for its 2016 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2017

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size 65. Report due August 1, 2017 (*Standards*, 4th edition) -

- **Standards B3.07d and e** (lacked evidence that supervised clinical practice experiences [SCPEs] occur with preceptors practicing in d) pediatrics and e) ob/gyn).

The commission **acknowledged** the updated Portal. No further information requested.

September 2016

Program Change: Increase in class size. The commission **did not approve** the increase in class size due to an insufficient number of supervised clinical practice experiences to support the final maximum class size and discrepancies in the number of support staff. Requested program update Program Management Portal by October 27, 2016.

September 2012

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

- Institutional approval. No further information requested.

March 2012

Program Change: Change in graduation requirements (76.38 to 88.44 credits) and change in program length (24 to 27 months), effective June 25, 2012. The commission **acknowledged the changes** and requested additional information (institutional approval of change in graduation requirements).

March 2011

The commission **accepted the report** addressing 3rd edition

- **Standards C1.01d and f** (provided evidence that the program regularly collected and analyzed d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standard C2.01b(6)** (provided evidence that the self-study report documented outcome data and critical analysis of preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2010

The commission **accepted the report** addressing 3rd edition

- **Standard A3.06** (provided evidence that students were not required to supply their own clinical sites or preceptors for program-required clinical rotations) and

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- **Standard A3.07g** (provided evidence that the program defined, published, and readily available to prospective and enrolled students estimates of all costs). No further information requested.

March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2016. Maximum Student Capacity: 130.

Report due July 1, 2010 (*Standards*, 3rd edition) -

- **Standard A3.06** (lacked evidence that students were not required to supply their own clinical sites or preceptors for program-required clinical rotations) and
- **Standard A3.07g** (lacked evidence that the program defined, published, and readily available to prospective and enrolled students estimates of all costs).

Due December 31, 2010 (*Standards*, 3rd edition) -

- **Standards C1.01d and f** (lacked evidence that the program regularly collected and analyzed d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standard C2.01b(6)** (lacked evidence that the self-study report documented outcome data and critical analysis of preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2003

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

- **Standard A2.3** (provided evidence of a single program director). No further information requested.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 130.

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

- **Standard A2.3** (lacked evidence of a single program director).

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1974 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.