

**University of North Carolina at Chapel Hill**  
**Accreditation History**

First accredited: September 2015

Next review: March 2032

Maximum class size: 20

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March 2023

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.

June 2022

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 2022

Accreditation-Continued; Next Comprehensive Evaluation: March 2032. Maximum class size: 20.

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

- **Standard A3.17a** (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 published admission criteria including advanced placement if awarded)

Program Change: Change in graduation requirements (104 to 100 credits), effective January 1, 2022. The commission **approved the change**. No further information requested.

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

- Website updated with NCCPA PANCE Exam Performance Summary Report (All Test Takers) for the last 5 years. No further information requested.

September 2021

Program Change: Change in graduation requirements (104 to 100 credits), effective January 1, 2022. The commission **reviewed and more information requested** from the program. Additional information (institutional approval of change, narrative regarding change and course syllabi) due December 17, 2021.

Report due November 17, 2021

- Update website with NCCPA PANCE Exam Performance Summary Report (All Test Takers) for the last 5 years

March 2021

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 **acknowledged the report** providing evidence of

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

September 2020

Program Change: Change in graduation requirements (101 to 104 credits awarded), effective January 1, 2021. The commission **acknowledged the proposed change**. No further information requested.

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

- **Standards A1.03a, g** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and g) addressing appropriate security and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPE] sites),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (provided evidence of written policies addressing student exposure to infectious and environmental hazards),
- **Standard A3.10** (provided evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.14b** (provided evidence the program publishes factually accurate evidence of the program's success in achieving its goals),
- **Standard A3.14c** (provided evidence the program makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **Standard A3.17b** (provided evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B2.09** (provided evidence the program curriculum includes instruction in basic counseling and patient education skills related to helping patients cope with injury),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in prevention of medical errors),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in SCPEs with preventive, emergent, acute and chronic patient encounters),
- **Standard B3.03a** (provided evidence that SCPEs enable all students to meet the program's learning outcomes for patients seeking medical care across the life span),
- **Standard B3.06a** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

June 2020

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

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

March 2020

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2022 commission meeting. Maximum class size: 20. The program did not appeal the commission's decision.

Report due May 22, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standards A1.03a, g** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and g) addressing appropriate security and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPE] sites),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (lacked evidence of written policies addressing student exposure to infectious and environmental hazards),
- **Standard A3.10** (lacked evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.14b** (lacked evidence the program publishes factually accurate evidence of the program's success in achieving its goals),
- **Standard A3.14c** (lacked evidence the program makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **Standard A3.17b** (lacked evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B2.09** (lacked evidence the program curriculum includes instruction in basic counseling and patient education skills related to helping patients cope with injury),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in prevention of medical errors),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in SCPEs with preventive, emergent, acute and chronic patient encounters),
- **Standard B3.03a** (lacked evidence that SCPEs enable all students to meet the program's learning outcomes for patients seeking medical care across the life span),
- **Standard B3.06a** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Report due August 16, 2021 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.02** (lacked evidence the program consistently applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and

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- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

### June 2019

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

- Specific learning outcomes for preventive, emergent, acute and chronic patient encounters and surgical management.
- Revised PANCE report. No further information requested.

### September 2018

The commission **did not accept** the reports addressing 4<sup>th</sup> edition

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes) and
- **Standard B3.03c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking surgical management).

Additional information (specific learning outcomes for preventive, emergent, acute and chronic patient encounters and surgical management) due February 1, 2019.

The program's PANCE pass rate percentage was 83% for the class of 2017. As pass rate was less than 85%, the program submitted required PANCE performance analysis report. The commission **did not accept the report**. Additional information (revised PANCE report) due February 1, 2019.

### June 2018

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

- Updated regional accreditation status in the Portal. No further information requested.

### March 2018 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Final Provisional). The program's maximum class size remains 20 for the third class.

Report due April 30, 2018

- Update regional accreditation status in the Program Management Portal.

Due June 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes) and
- **Standard B3.03c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking surgical management).

### September 2016

The commission **acknowledged the report** updating the institution's regional accreditation status. No further information requested.

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March 2016

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

- **Standard B3.03c** (provided evidence of program defined expectations to determine students, after SCPEs with patients seeking surgical management, have attained the program defined expectations). No further information requested.

September 2015

Accreditation-Provisional: Next Comprehensive Evaluation: March 2018 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 20 in the second class and 20 in the third class.

Report due December 15, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.03c** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking surgical management, have attained the program defined expectations).

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

- **Standard A3.16** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B1.09** (lacked evidence that for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies)
- **Standard B3.02** (lacked evidence supervised clinical practice experiences enable students to meet program expectations and acquire the competencies needed for clinical PA practice)
- **Standard B3.03a** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly)
- **Standard B3.03b** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking women's health (to include prenatal and gynecologic care)
- **Standard B3.03d** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking care for behavioral and mental health conditions)