

D'Youville University Accreditation History

First accredited: September 1994
Next review: October 2029
Maximum class size: 55
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June 2025

The commission **accepted the report** addressing 5th edition

- **Standard A3.11** (provided evidence the sponsoring institution and program's announcements accurately reflect the program offered)

No further information requested.

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

- Updates to the budget tab in program's Program Management Portal.

No further information requested.

March 2025

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.

September 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 1 area of noncompliance with the *Standards*. Next Comprehensive Evaluation: September 2025. Maximum class size: 55.

Report due November 1, 2024:

- Update budget tab in Program Management Portal.

Report due December 16, 2024 (*Standards*, 5th edition):

- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements accurately reflect the program offered)

March 2024

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.

September 2023

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*. A focused probation visit will occur in advance of the September 2024 commission meeting. The program's maximum class size remains 55.

Report due May 16, 2024 (*Standards*, 5th edition):

- **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)

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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)
- **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)

September 2022

The commission **accepted the report** addressing 5th edition

- **Standard A1.07** (provided evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

No further information requested.

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 **did not accept the report**. No further information required.

June 2022

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

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

March 2022

The commission accepted the findings of the virtual site visit.

Report due August 30, 2019

- Update accreditation NCCPA PANCE Pass Rate Summary Report on website and in the Program Management Portal

Report due May 4, 2022 (*Standards*, 5th edition):

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)

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- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

Program Change: Change in program length from 28 to 22 months. The commission approved the program's proposed change. No further information required.

September 2021

Adverse Action-Accreditation-Probation; A virtual focused site visit will need to occur in advance of the March 2022 commission meeting and a focused probation site visit will need to occur in advance of the September 2023 commission meeting. The program's maximum class size remains 55. The program did/did not request reconsideration of the commission's action.

Report due December 15, 2021 (*Standards*, 5th edition) -

- **Standard A1.02a, d** (lacked evidence the sponsoring institution is responsible for a) supporting the program faculty in program assessment and d) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09d, g** (lacked evidence the program director is knowledgeable about and responsible for d) continuous programmatic review and analysis and g) completion of ARC-PA required documents) and
- **Standard A3.12c** (lacked evidence the program publishes the most current NCCPA PANCE Exam Performance Summary Report Last 5 Years).

Report due March 15, 2023 (*Standards*, 5th edition) -

- **Standard C1.02b, c.i-iii** (lacked evidence the program implements its ongoing self-assessment process by b) performing critical analysis of data, c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and
- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

The commission **reviewed and more information requested** for the change in program length form.

Additional information (narrative describing where in the clinical curriculum instruction occurs enabling students to meet learning outcomes, how it will ensure supervised clinical practice experiences [SCPEs] occur in required settings and with required preceptors) due September 20, 2021.

June 2021

The commission **reviewed and more information requested** for the change in program length form.

Additional information (narrative describing factors in the local market, any substantive changes made to the courses, rationale for eliminating four current supervised clinical practices experiences, and the impact the redistribution of credits will have on tuition and faculty workload) as well as Change in Requirements for Graduation form due June 4, 2021.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

March 2021

Program Change: Change in class size (40 to 55 maximum entering class size), effective August 1, 2021. The commission **approved the proposed change** in class size. No further information requested.

Program Change: Change in class size (40 to 55 maximum entering class size), effective August 1, 2021. The commission **reviewed** the change materials **and requested more information**. Clarification of the proposed increased in maximum entering class size, due by March 15, 2021.

September 2020

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

- **Standard B3.07c** (provided evidence of SCPEs with preceptors practicing in general surgery) and
- **Standard C3.01** (provided evidence the evaluation of students related to supervised clinical education components assessed the program's learning outcomes). No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 10, 2021.

March 2020

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

- **Standard A1.03g** (provided evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPEs] sites) and
- **Standard B3.06a** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction). No further information requested.

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum Class Size: 40.

Report due December 11, 2019 (*Standards*, 4th edition) -

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- **Standard A1.03g** (lacked evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPEs] sites) and
- **Standard B3.06a** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction).

Report due June 17, 2020 (*Standards*, 4th edition) -

- **Standard B3.07c** (lacked evidence of SCPEs with preceptors practicing in general surgery) and
- **Standard C3.01** (lacked evidence the evaluation of students related to supervised clinical education components assessed the program's learning outcomes).

Report due June 17, 2021 (*Standards*, 5th edition) –

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

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

- **Standard A3.14c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include first time *PANCE* rates for the five most recent graduating classes
- **Standard A3.23** (lacked evidence the program has current curriculum vitae for each course director)

March 2017

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.

April 2016

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 2018 to September 2019 due to this change.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 120. The commission noted zero areas of noncompliance with the *Standards*.

September 2005

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

- Analysis of student failure rates No further information requested.

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Program Change: Increase in maximum aggregate student enrollment (80 to 120). The commission **acknowledged the proposed change**. No further information requested.

March 2005

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

- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered) and
- **Standard C2.2c** (provided evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations).

Additional information (analysis of student failure rates) due July 15, 2005.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 80.

Report due January 14, 2005 (*Standards*, 2nd edition) -

- **Standard A5.1** (lacked evidence announcements and advertising accurately reflect the program offered) and
- **Standard C2.2c** (lacked evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations).

December 2001

The commission **accepted the report** addressing 1st edition

- **Standard I D 1 c** (provided evidence academic costs to the student are accurately stated, published, and made known to all students),
- **Standards I E 1 a and b** (provided evidence the self-study report adequately analyzes a) student attrition and b) student failure rates in individual courses and rotations) and
- **Standard I E 3** (provided evidence of implementation of the self-evaluation process). No further information requested.

September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2004.

Report due July 15, 2001 (*Standards*, 1st edition) -

- **Standard I D 1 c** (lacked evidence academic costs to the student are accurately stated, published, and made known to all students),
- **Standards I E 1 a and b** (lacked evidence the self-study report adequately analyzes a) student attrition and b) student failure rates in individual courses and rotations) and
- **Standard I E 3** (lacked evidence of implementation of the self-evaluation process).

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NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1994 by CAAHEP is not available.