

Franklin Pierce University Hybrid Program -- Round Rock, TX Accreditation History

First accredited: September 2023

Next review: April 2028

Maximum class size: 48

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April 2026 (following Provisional Monitoring review)

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

- The sponsoring institution did not provide effective support for the program's self-assessment and program leadership and did not demonstrate responsibility for compliance with the Standards.
- The program director did not demonstrate effective leadership for responsiveness to issues related to personnel and proactive problem-solving.
- The program director did not demonstrate sufficient knowledge about program organization, program administration, fiscal management of the program, continuous programmatic review and analysis, program planning, program development, completion of ARC-PA required documents, and adherence to the Standards and ARC-PA policies.
- The medical director was not currently certified by an ABMS- or AOA-approved specialty board.
- The program did not publish and make readily available the estimates of all costs related to the program and admission and enrollment practices that favor specified individuals or groups.
- The program did not provide evidence that admissions decisions were made in accordance with published practices.
- The program did not publish policies and procedures for allegations of student mistreatment.
- Student academic records did not include evidence of published admission criteria and evidence of remediation efforts and outcomes.
- Student health records contained HIPAA-protected personal health information.
- The program did not consistently define and publish learning outcomes and instructional objectives in measurable terms for each didactic and clinical course that would guide student acquisition of the required competencies.
- The program did not provide evidence that it has defined its supervised clinical practice experience (SCPE) learning outcomes specific to technical skills for women's health.
- Physician preceptors were not all board certified in their area of instruction.
- The program did not provide evidence that it conducted evaluations of students in the curriculum with clear alignment between what is expected, taught, and assessed.
- The program did not provide evidence that the preceptor evaluation of the students consistently identified deficiencies in a timely manner.
- The program did not provide a complete self-assessment process related to institutional resources, the effectiveness of the didactic curriculum, the sufficiency and effectiveness of instructional faculty, and faculty and student attrition.
- The program did not consistently describe nor document in the self assessment report its collection and analysis of data, drawing data-driven conclusions, or making data-driven action plans.

The commission noted 33 areas of noncompliance with the *Standards* and 3 new observations by the commission. The program's probation status will be reviewed at the time of the final provisional site visit in advance of the April 2028 commission meeting. The program did not appeal the commission's decision. The program's maximum class size remains 48.

Report due October 26, 2026 (*Standards*, 5th edition):

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- **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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.09a** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.)
- **Standard A3.12f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.)
- **Standard A3.15f** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard A3.17d** (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 of remediation efforts and outcomes)
- **Standard A3.20b** (lacked evidence faculty records, including program director, medical director and principal faculty include current curriculum vitae)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **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])

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- **Standard B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)

No report due (as standard was moved, changed or removed in the 6th edition Standards):

- **Standard A2.08a** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08c** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09e** (lacked evidence the program director is knowledgeable about and responsible for program planning)
- **Standard A2.09f** (lacked evidence the program director is knowledgeable about and responsible for program development)

No report due (as program meets compliance for the 6th edition Standards):

- **Standard A2.11b** (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

No report due (as compliance will be assessed at the final provisional and probation accreditation visit):

- **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)
- **Standard A3.19** (lacked evidence student health records are confidential and are not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.

No report due (as program will submit a self-study report with its final provisional application):

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)

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- **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)

Commission observation response due October 26, 2026 (*Standards*, 6th edition):

- **Standard A1.07a** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty*)
- **Standard A3.11i** (lacked evidence the program *publishes* and makes *readily available* to enrolled and *prospective students* current program information, including current annual student graduation rate information, on the table provided by the ARC-PA, no later than April 1st (4/1) of each year)

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

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

The commission **did not accept** the report addressing

- SCPE preceptor evaluations for each required SCPE that allow the program to monitor and document student performance in meeting the program's SCPE learning outcomes and to identify deficiencies in a timely manner

The follow up report will be addressed in the program's response to observations from the provisional monitoring review.

September 2025

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

- SCPE preceptor evaluations for each required SCPE that allow the program to monitor and document student performance in meeting the program's SCPE learning outcomes and to identify deficiencies in a timely manner

Additional information (Revised supervised clinical practice experience (SCPE) preceptor evaluations for each required SCPE that allow the program to monitor and document student performance in meeting the program's SCPE learning outcomes and to identify deficiencies in a timely manner.) due December 8, 2025.

March 2025

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

- instruction within the curriculum pertaining to the provision of prenatal care, list of additional learning outcomes (LOs) and/or instructional objectives (Ios) that demonstrate further instruction is provided for prenatal care, clarification of how program ensures students are able to meet the LOs for the student clinical practice experiences (SCPEs) when the LOs pertain to

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more than one age group or encounter type, clarification of how program ensures students have met the LOs in cases when a preceptor assigns a rating of “n/a” within the preceptor evaluation form, copy of the Behavioral Medicine preceptor evaluation, description of how program ensures alignment between evaluations of student performance and what is taught in the SCPE component of the curriculum, and LOs for intra-operative care

Additional information (SCPE preceptor evaluations for each required SCPE that allow the program to monitor and document student performance in meeting the program’s SCPE learning outcomes and to identify deficiencies in a timely manner) due May 21, 2025.

June 2024

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

- **Standard A2.02b** (provided evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)
- **Standard B2.08a** (lacked evidence the program includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)
- **Standard B2.08b** (provided evidence the program includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (evidence of instruction within the curriculum pertaining to the provision of prenatal care, list of additional learning outcomes (LOs) and/or instructional objectives (Ios) that demonstrate further instruction is provided for prenatal care, clarification of how program ensures students are able to meet the LOs for the student clinical practice experiences (SCPEs) when the LOs pertain to more than one age group or encounter type, clarification of how program ensures students have met the LOs in cases when a preceptor assigns a rating of “n/a” within the preceptor evaluation form, copy of the Behavioral Medicine preceptor evaluation, description of how program ensures alignment between evaluations of student performance and what is taught in the SCPE component of the curriculum, and LOs for intra-operative care) due July 17, 2024.

September 2023

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2026 (Provisional Monitoring). The program is approved for a maximum class size of 48.

Report due December 4, 2023 (*Standards*, 5th edition):

- **Standard A2.02b** (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)
- **Standard B2.08a** (lacked evidence the program includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)
- **Standard B2.08b** (lacked evidence the program includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)

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- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address 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 A3.14** (lacked evidence the program make students admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)