

Drexel University Accreditation History

First accredited: September 1972

Next review: July 2028

Maximum class size: 100

Page 1 of 6

July 2026

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

- Sponsoring institutional support in attaining affiliation agreements that include the terms of participation for PA students at all supervised clinical practice experience sites
- Sponsoring institutional support of the program faculty in program assessment and compliance with the ARC-PA accreditation Standards and policies
- Sponsoring institutional responsibility for ensuring effective program leadership
- Sponsoring institutional responsibility to document security and personal safety measures for PA students at all supervised clinical practice experience sites
- Sufficient administrative staff to meet the academic needs of enrolled students and manage administrative responsibilities consistent with the complexity of the program.
- Program director's sufficient knowledge and responsibility toward program organization, administration, implementation of a robust self-assessment process, and adherence to the Standards and ARC-PA policies
- The program's vetting of didactic and clinical instructional faculty to ensure they meet the program-defined academic and experiential qualifications
- Published evidence of its effectiveness in meeting its goals each year
- Estimates of all costs (tuition, fees, etc.) related to the program, including transportation and secondary housing costs to attend distant supervised clinical practice experience sites that are published and made readily available to enrolled and prospective students
- Deceleration and dismissal policies and procedures that are defined, published, consistently applied, and made readily available to prospective and matriculated students
- Student academic records of academic performance maintained by the sponsoring institution or program, that are readily accessible to authorized program personnel
- Consistently defined and published learning outcomes and instructional objectives in measurable terms for each didactic and clinical course that would guide student acquisition of required competencies, including technical skills in the SCPE curriculum.
- Evidence of board-certification of all clinical preceptors at supervised clinical practice experience sites.
- Evidence of supervised clinical practice experience (SCPE) evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for the identification of student deficiencies in a timely manner.
- Defining, implementing and documenting a continuous self-assessment process that involves consistent data collection and comprehensive data analysis, applying the results to identify strengths, areas needing improvement, and action plans.
- Evidence of a consistently applied process for initial and ongoing evaluation of clinical sites.

The commission noted 40 areas of noncompliance with the *Standards*. An initial focused visit will occur in advance of the July 2027 commission meeting, and a focused probation visit will occur in advance of the January 2028 commission meeting. The program's maximum class size remains 100. The program did not appeal the commission's decision.

Drexel University
Accreditation History

First accredited: September 1972

Next review: July 2028

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Page 2 of 6

Report due December 1, 2026 (*Standards*, 5th edition-program will respond in 6th):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **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 A1.02g** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- **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)
- **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 A2.09d** (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 A2.13a** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **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 A3.15c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)

Drexel University
Accreditation History

First accredited: September 1972

Next review: July 2028

Maximum class size: 100

Page 3 of 6

- **Standard A3.15d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- **Standard A3.17b** (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 institution and program health screening and immunization requirements)

Report due March 1, 2027 (*Standards*, 5th edition-program will respond in 6th):

- **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 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)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due August 24, 2027 (*Standards*, 5th edition-program will respond in 6th): modified self-study report:

- **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)

Drexel University
Accreditation History

First accredited: September 1972

Next review: July 2028

Maximum class size: 100

Page 4 of 6

- **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)
- **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)

No report due (program is expected to demonstrate compliance at the probation visit):

- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.17c** (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 student performance while enrolled)

No report due (program provided evidence of compliance with 6th edition):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

No report due (not requirement of the self-study report associated with the 6th edition):

- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)

Drexel University Accreditation History

First accredited: September 1972

Next review: July 2028

Maximum class size: 100

Page 5 of 6

- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)

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

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

March 2025

The program's student attrition rate was 10.9% or greater for its 2024 cohort. The program submitted the Student Attrition Required Report. The commission **Reviewed and Additional Information Requested of the report**. Additional information (revised report) due July 22, 2025.

June 2024

Program Change: Change in program fiscal support. The commission **approved the program's proposed change**. No further information requested.

June 2021

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.

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 January 20, 2021.

March 2016

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

- Updated SCPEs in the Portal. No further information requested.

September 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 100. The commission noted zero areas of noncompliance with the *Standards*.

Report due October 16, 2015

- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Drexel University Accreditation History

First accredited: September 1972
Next review: July 2028
Maximum class size: 100
Page 6 of 6

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 300. The commission noted zero areas of noncompliance with the *Standards*.

September 2003

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

- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered) and
- **Standard C2.2c** (provided evidence critical analysis of outcome data includes student failure rates in individual courses and rotations). No further information requested.

March 2003

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

- Clarification of faculty responsible for research courses. No further information requested.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2008. Maximum Student Capacity: 200.

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

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

Program Change: Change in degree awarded (baccalaureate to master's curriculum). The commission **acknowledged the proposed change**. Additional information (clarification of faculty responsible for research courses) due January 15, 2003.

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.