

University of New England Accreditation History

First accredited: April 1996

Next review: July 2028

Maximum class size: 50

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July 2026

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding standards A2.03, A2.11a, A2.11b, A2.13a, A2.18b, A3.13d, A3.14, B1.03d, B1.03e, B1.03g, B2.08b, B3.01, B3.07a, B3.07b, B3.07c, B3.07e, B3.07f, B3.07g, B4.01a, B4.01b, B4.03c, C1.01a, C1.01b, C1.01c, C1.01d, C1.01e, C1.01f, C1.01g, C1.02b, C1.02c.i, C1.02c.ii, C1.02c.iii, C1.03, and E1.03.

The commission noted 34 areas of noncompliance with the *Standards* and 11 new observations by the commission.

A focused probation visit will occur in advance of the July 2028 commission meeting.

The program's maximum class size remains 50.

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

- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **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 B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

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

- **Standard A2.13a** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)

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- **Standard A3.13d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)
- **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 B1.03d** (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale)
- **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 B1.03g** (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, methods of student assessment/evaluation)
- **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **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 B4.03c** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)

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

- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- **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)

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- **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)
- **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)
- **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)
- **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 demonstrated compliance with the 6th edition Standards):

- **Standard A2.11a** (lacked evidence the medical director is a currently licensed allopathic or osteopathic physician)
- **Standard A2.11b** (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)

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)

Commission observation response due November 2, 2026 (*Standards*, 6th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for supporting the *program faculty* in effective program self-assessment)

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- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)
- **Standard A1.10a** (lacked evidence the sponsoring institution secures clinical sites and *preceptors sufficient* in number to allow all students to meet the program's *learning outcomes for supervised clinical practice experiences*)
- **Standard A2.09a** (lacked evidence the program director provides program leadership through effective program organization)
- **Standard A2.09b** (lacked evidence the program director provides program leadership through effective program administration)
- **Standard A2.09d** (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis)
- **Standard A2.09f** (lacked evidence the program director provides program leadership through effective adherence to the Standards and ARC-PA policies)

Commission observation response due December 1, 2026 (*Standards*, 6th edition):

- **Standard B3.05d** (lacked evidence *supervised clinical practice experiences* support the achievement of *learning outcomes for technical skills*)
- **Standard B3.06d** (lacked evidence *preceptors for supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for surgery, including pre-operative, intra-operative, and post-operative care)

June 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 accepted the report. No further information requested.

March 2021

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

- Updated changes in response to COVID-19. No further information requested.

September 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 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 2019

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Accreditation-Administrative Probation removed; program hired a permanent program director, effective January 2, 2019. No further information requested.

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

- **Standard A2.02a** (provided evidence the program director's assignment to the program was full time).
- Provided evidence the website was updated. No further information requested.

September 2018

Accreditation-Administrative Probation; the program was placed on Administrative Probation as the program director is not assigned to the program on the required FTE. Program will remain on Administrative Probation until it demonstrates compliance or provides justification for inability to demonstrate compliance.

Report Due: Update on hiring of permanent program director. The commission **accepted the report**. Additional information (standard A2.02a explanation of interim program director less than full-time assignment to the program and update website with success of program in achieving goals) due October 31, 2018.

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

- **Standards C2.01b-f**, modified Self-Study Report (provided 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). No further information requested.

March 2018

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.

January 2017

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis).
- Managing the admissions process. No further information requested.

September 2016

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

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- Updated accreditation statement on website and
- Updated SCPEs in the Portal. No further information requested.

The commission **did not accept the report** providing evidence of

- An explanation on the Exceeding Class Size form. Additional information (addressing managing the admissions process) due November 1, 2016.

July 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2026. The program's maximum class size remains 50.

Report due September 5, 2016

- Update accreditation statement on website
- Update supervised clinical practices experiences [SCPEs] in the Program Management Portal and
- Provide explanation on class size discrepancy (submit Exceeding Class Size form)

Due September 19, 2016 (*Standards*, 4th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

Due May 1, 2018 (*Standards*, 4th edition) -

- **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).

September 2013

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

- Clarification of remediation. No further information requested.

March 2013

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

- **Standards A3.14b and f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standards B3.03a-d** (provided evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and

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- **Standard C3.03** (provided evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

Additional information (clarification of remediation) due June 1, 2013.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 100.

Report due December 31, 2012 (*Standards*, 4th edition) -

- **Standards A3.14b and f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

March 2011

Program Change: Maximum student capacity (increased from 80 to 100), effective June 2011. The commission **acknowledged the proposed change**. No further information requested.

September 2009

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

- The syllabi for the anatomy and neuroanatomy course. No further information requested.

March 2009

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

- **Standard B7.03b** (provided evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking prenatal care and women's health care),
- **Standard B7.04e** (provided evidence that SCPEs are provided in long-term care settings),
- **Standard C2.01b3** (provided evidence the self-study report documents outcome data and critical analysis of student failure rates in individual courses and rotations),
- **Standard C3.02** (provided evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components) and

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- **Standard D3.01** (provided evidence the program assures that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates).
- Provided evidence of course objectives and expected competencies for the anatomy and neuroanatomy courses.

Additional information (syllabi for anatomy and neuroanatomy course) due July 1, 2009.

March 2008

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 80.

Report due January 9, 2009 (*Standards*, 3rd edition) -

- **Standard B7.03b** (lacked evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking prenatal care and women's health care),
- **Standard B7.04e** (lacked evidence that SCPEs are provided in long-term care settings),
- **Standard C2.01b3** (lacked evidence the self-study report documents outcome data and critical analysis of student failure rates in individual courses and rotations),
- **Standard C3.02** (lacked evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components) and
- **Standard D3.01** (lacked evidence the program assures that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates).
- Course objectives and expected competencies for the anatomy and neuroanatomy courses.

March 2005

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

- **Standard C4.1d** (provided evidence the self-study report documents modifications that occurred as a result of self-evaluation). No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 80.

Report due January 15, 2005 (*Standards*, 2nd edition) -

- **Standard C4.1d** (lacked evidence the self-study report documents modifications that occurred as a result of self-evaluation).

March 2003

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Program Change: Reconfiguration of clinical year (12 four-week rotations replaced with 6 six-week rotations, twelve weeks in internal medicine and three-week elective). The commission **accepted the report**. No further information requested.

September 2002

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

- **Standards A5.17b and c** (provided evidence the program clearly defines, publishes and makes readily available to prospective students b) policies regarding advanced placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards),
- **Standard B6.1** (provided evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
- **Standard C5.3** (provided evidence the program conducts formative evaluation of students to assess the acquisitions of clinical competencies) and
- **Standard C5.4** (provided evidence the program monitors student progress in the clinical year in such a way that deficiencies are promptly identified and a means for correction established). No further information requested.

March 2002

Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 80. The commission reconsidered the program's application and supporting materials in making its decision. As part of the decision, the report requested in December 2001 was replaced with report below.

Report due July 19, 2002 (*Standards*, 2nd edition) -

- **Standards A5.17b and c** (lacked evidence the program clearly defines, publishes and makes readily available to prospective students b) policies regarding advanced placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards),
- **Standard B6.1** (lacked evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
- **Standard C5.3** (lacked evidence the program conducts formative evaluation of students to assess the acquisitions of clinical competencies) and
- **Standard C5.4** (lacked evidence the program monitors student progress in the clinical year in such a way that deficiencies are promptly identified and a means for correction established).

December 2001

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2002. Maximum Student Capacity: 80. Program appealed the commission's decision which was reconsidered at the March 2002 commission meeting.

Report due August 1, 2002 (*Standards*, 2nd edition) -

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- **Standard A5.1** (lacked evidence program announcements and advertising accurately reflect the program offered),
- **Standard A5.12a** (lacked evidence student files include data and information indicating that students have meet published admission criteria),
- **Standard A5.16** (lacked evidence admission of students is made in accordance with the defined and published practices of the program),
- **Standard B6.1** (lacked evidence the program provides adequate clinical practice experiences that enable students to meet program objectives and acquire the competencies needed for clinical PA practice),
- **Standard C5.3** (lacked evidence the program conducts frequent, objective and documented formative evaluation of students to assess the acquisitions of clinical competencies),
- **Standard C5.4** (lacked evidence the program monitors student progress in such a way that deficiencies are promptly identified and a means for correction established) and
- **Standard C6.2** (lacked evidence equivalent evaluation processes are applied to all clinical sites).

NOTE: The ARC-PA commission action information available begins in December 2001. Information from initial accreditation in 1996 by CAAHEP is not available.