Arcadia University
Accreditation History

First accredited: April 1996
Next review: January 2028
Maximum class size: 105 (56 at Glenside, PA [MC] and 49 at Newark, DE [DC])

October 2026
The commission **reviewed and more information requested** of the report addressing

- 5th edition modified self-study report, appendices D and G

Additional information (corrected ARC-PA Student Attrition Template for total program enrollment, the Glenside main campus, and the Christiana distant campus; explanation of program's corrected attrition methodology; and revised Appendix 14G qualitative data displays and analysis for faculty and administrative support staff sufficiency and effectiveness) due October 22, 2026.

July 2026
The commission **accepted** the report providing evidence of

- Expected learning outcomes for patients seeking women's health and document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes

No further information required.

January 2026
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***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])

Additional information (Expected learning outcomes for patients seeking women's health and document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes) due April 8, 2026.

June 2025 (following Probation review)
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: January 2028. Maximum class size: 56 at Glenside, PA [MC] and 49 at Newark, DE [DC]
Report due September 15, 2025 (*Standards*, 5th edition):

- ***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])

Report due June 30, 2026 (*Standards*, 5th edition):

- Modified Self-Study Report, appendices D and G

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

- Certification information for all currently active physician preceptors and description of how the program identifies and addresses any student deficiencies in the program's expected learning outcomes in a timely manner

No further information required.

September 2024
The commission **acknowledged the report** providing evidence of

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

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

- supervised clinical practice experience (SCPE) expected learning outcomes [the medical knowledge, interpersonal, clinical, and technical skills, professional behaviors, clinical reasoning, and problem-solving abilities] for emergent patient encounters, information regarding board certification for all currently active physician preceptors, evidence of NCCPA certification for one preceptor, and description of how the program defines student competency for preceptors when grading and assessing documentation requirements

Additional information (certification information for all currently active physician preceptors and description of how the program identifies and addresses any student deficiencies in the program's expected learning outcomes in a timely manner) due December 2, 2024.

Report due December 2, 2024:

- Update PANCE pass rate data in Program Management Portal
- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) and attrition table on program website.

<u>March 2024</u>
The commission **acknowledged the report** providing evidence of

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

The commission accepted the findings of the site visit. No further information requested.

The commission **Reviewed and Requested Additional Information** the report addressing 5th edition

- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.07*** (provided evidence 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 A1.11a*** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- ***Standard A1.11b*** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)
- ***Standard A2.03*** (provided 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 A2.09d*** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (provided 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])
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.07d*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07f*** (provided 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 B4.01a*** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- ***Standard C1.01c*** modified self-study report (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)
- ***Standard C1.01f*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- ***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)

Additional information (supervised clinical practice experience (SCPE) expected learning outcomes [the medical knowledge, interpersonal, clinical, and technical skills, professional behaviors, clinical reasoning, and problem-solving abilities] for emergent patient encounters, information regarding board certification for all currently active physician preceptors, evidence of NCCPA certification for one

preceptor, and description of how the program defines student competency for preceptors when grading and assessing documentation requirements) due May 15, 2024.

Report due May 15, 2024:

- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) and attrition table on program website

June 2023

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

- Sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- All preceptors were certified in their area of instruction.
- All supervised clinical practice experiences (SCPEs) enabled each student to meet program defined learning outcomes.
- Defined ongoing self-assessment process that is designed to document program effectiveness and foster program improvement to include effectiveness of the clinical curriculum and sufficiency and effectiveness of faculty and staff.

An initial focused visit will occur in advance of the March 2024 commission meeting. A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 105 (56 at the main campus and 49 at the distant campus). The program did not appeal the commission's decision.

Report due October 1, 2023 (*Standards*, 5th edition):

- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.07*** (lacked evidence 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 A1.11a*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- ***Standard A1.11b*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)
- ***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 A2.09d*** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students

to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)

- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***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])
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***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 B4.01a*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- ***Standard C1.01c*** modified self-study report (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)
- ***Standard C1.01f*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- ***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)

March 2022

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

June 2021

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

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

March 2021
The commission **acknowledged the report** providing evidence of
- Changes in response to COVID-19. 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 2020
Program Change: Change in class size (105 to 125, incremental increases through May 1, 2023). The commission **does not approve** the increase in maximum class size.

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.

September 2018
The commission **accepted the report** addressing 4th edition
- ***Standard A3.17f*** (provided evidence the program publishes and makes readily available to students upon admission policies and procedures for deceleration),
- ***Standard C4.01*** (provided evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures) and
- ***Standard C4.02*** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

June 2018
The commission **acknowledged the report** providing evidence of
- The program updated its website. No further information requested.

March 2018
Accreditation-Continued; Next Comprehensive Evaluation: March 2028. The program's maximum class size remains 105 (56 at the main campus in Glenside, PA and 49 at the distant campus in Newark, DE)**.**
Report due April 30, 2018
- Update statement of accreditation status on website.

Due May 15, 2018 (*Standards*, 4th edition) -

- ***Standard A3.17f*** (lacked evidence the program publishes and makes readily available to students upon admission policies and procedures for deceleration),
- ***Standard C4.01*** (lacked evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures) and
- ***Standard C4.02*** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Due December 11, 2019 (*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).

July 2017
Program Change: Change in graduation requirements (clinical phase changed from 10 four weeks and 2 eight weeks SCPEs to 11 four-week rotations and a 4-credit clinical year course), effective August 28, 2017. The commission **acknowledged the proposed change**. No further information requested.

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 2014
Program Change: Change in class size (93 to 105), effective May 22, 2014. The commission **approved the proposed change**. No further information requested.

March 2011
Accreditation-Continued; Next Comprehensive Evaluation: March 2018. The program is approved for up to 186 students. The commission noted zero areas of noncompliance with the *Standards*.

September 2010
Program Change: Change in class size. The commission **deferred action** as the application lacked specific data to substantiate the request. Program may resubmit its request no later than December 31, 2010.

March 2007
The commission **accepted the report** providing evidence of

- CVs of associate medical director and faculty. No further information requested.

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

- Documentation that all students have clinical experience in a long-term care facility. No further information requested.

<u>September 2006</u>
The commission **accepted the report** providing evidence of

- Student progress in the dual degree offering and comprehensive evaluation of student outcomes. No further information requested.

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

- CVs of medical director and faculty, documentation of university support, schematics of new facility and plans to assess educational equivalency and communication at the distant campus in DE.

Additional report (CVs of associate medical director and faculty) due January 12, 2007.

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

- ***Standard B6.2*** (provided some evidence clinical experience is provided in a long-term care setting).

Additional report (documentation that all students have clinical experience in a long-term care facility) due January 12, 2007.

<u>March 2006</u>
Program Change: Expansion to distant campus in Christiana, DE in May 2007. The commission **acknowledged the proposed change**. Report (CVs of medical director and faculty, documentation of university support, schematics of new facility and plans to assess educational equivalency and communication) due July 14, 2006.

<u>September 2005</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2010. The program is approved for up to 115 students.
Report due July 14, 2006 (*Standards*, 2nd edition) -

- ***Standard B6.2*** (lacked evidence clinical experience is provided in a long-term care setting).

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

- Student progress in the dual degree offering and comprehensive evaluation of student outcomes. Program reminded of report due July 15, 2006.

<u>March 2003</u>
Informational Item: Program requested two-year extension of July 2003 and 2004 deadlines. Executive director agreed to change the dates.

<u>September 2002</u>

Program Change: Four changes effective with May 2003 entering class--initiating a three-year option; expanding the enrollment cap from 94 to 115 students; offering a dual degree option; and altering the name of degree awarded. The commission **accepted the changes**.
Reports (student progress in dual degree offering and comprehensive evaluation of student outcomes) due July 15, 2003 and 2004.

March 2002
The commission **accepted the report** addressing 2nd edition

- ***Standard A5.3a*** (provided evidence policies providing assured admission from pre-PA programs are readily available to prospective and enrolled students),
- ***Standard A5.12c*** (provided evidence student files include documentation of remediation and/or disciplinary actions),
- ***Standards C2.2d and e*** (provided evidence the self-study report includes critical analysis of d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) and timely surveys of graduates evaluating curriculum and program effectiveness) and
- ***Standard C4.1b*** (provided evidence the self-study report documents outcome data analysis). No further information requested.

September – December 2001
Accreditation-Continued; Next Comprehensive Evaluation: September 2005. The program is approved for up to 94 students.
Report due February 1, 2002 (*Standards*, 2nd edition) -

- ***Standard A5.3a*** (lacked evidence policies providing assured admission from pre-PA programs are readily available to prospective and enrolled students),
- ***Standard A5.12c*** (lacked evidence student files include documentation of remediation and/or disciplinary actions),
- ***Standards C2.2d and e*** (lacked evidence the self-study report includes critical analysis of d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) and timely surveys of graduates evaluating curriculum and program effectiveness) and
- ***Standard C4.1b*** (lacked evidence the self-study report documents outcome data analysis).

March 2001
Name Change: Effective July 16, 2001, Beaver College will become Arcadia University.

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