**Barry University**
**Accreditation History**

First accredited: October 1997
Next review: April 2036
Maximum class size: 100 (76 at main and 24 at the distant campus)


October 2026

Program Change: Increase maximum entering class size. The commission **reviewed and requested more information of the program's proposed change** and requested additional information (Description of how this change will impact remediation efforts in both didactic and clinical phases of the program, description of FTE the program determined to be sufficient for faculty and staff at the Miami Shores campus, budget template for change in class size, and detail regarding the number of clinical sites and preceptors the program has to allow students to meet the learning outcomes for family medicine and women's health) by October 16, 2026.

April 2026

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. The commission noted 14 areas of noncompliance with the *Standards* and 4 new observations by the commission.
Next Comprehensive Evaluation: April 2036. Maximum class size: 100 (76 at main and 24 at the distant campus).
Report due June 15, 2026:

- Update PANCE Pass Rate data and Graduation Rate data in program portal and update program's link in accreditation history on website.

Report due August 1, 2026 (*Standards*, 5th edition):

- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***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 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 B1.03f*** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***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)

**Barry University**
**Accreditation History**

First accredited: October 1997
Next review: April 2036
Maximum class size: 100 (76 at main and 24 at the distant campus)


Report due May 1, 2028 (*Standards*, 5th edition) modified self-study report:

- ***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 provided evidence of compliance with 6th edition Standards):

- ***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)

No report due (required report now addresses 6th edition Standards):

- ***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 C1.02b*** (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)

Commission observation response due June 15, 2026 (*Standards*, 6th edition):

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for supporting the *program faculty* in effective program self-assessment)
- ***Standard B1.03h*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the description of the student assessment(s) and evaluation(s))
- ***Standard B1.03i*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the plan for grading)
- ***Standard B3.06e*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for pediatrics, including care for infants, children, and adolescents)

<u>January 2026</u>
The number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

<u>March 2024</u>

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 2023
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.

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 25, 2021.

March 2020
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 2018
Program Change: Reassignment of 24 students from one of the distant campuses (St. Croix) to the main campus, effective October 13, 2017. The commission **approved the change**. No further information requested.

March 2017
The commission **accepted the report** providing evidence of

- The process used to determine there are insufficient numbers of preceptors for internal medicine and general surgery. After review, program determined there are sufficient numbers of preceptors for internal medicine and general surgery. No further information requested.

September 2016
The commission **accepted the reports** addressing 4th edition

- ***Standard B3.02*** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standard B3.03b*** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- ***Standard B3.06a*** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction)
- ***Standard C3.01*** (provided evidence that student evaluations were related to learning outcomes for SCPEs) and
- ***Standards B3.07a-c*** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in a) family medicine, b) internal medicine and c) general surgery).

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

- Updates to the Program Management Portal.

Additional clarifying information (describe process used to determine there are insufficient numbers of preceptors for internal medicine and general surgery) due January 2, 2017.

<u>March 2016</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2026. The program's maximum class size is 100 (52 at the main campus and 24 each at the two distant campuses)**.**
Report due May 13, 2016

- Updates to the Program Management Portal.

Due June 3, 2016 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standard B3.03b*** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- ***Standard B3.06a*** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- ***Standard C3.01*** (lacked evidence that student evaluations were related to learning outcomes for SCPEs) and

Due August 1, 2016 (*Standards*, 4th edition) -

- ***Standards B3.07a-c*** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in a) family medicine, b) internal medicine and c) general surgery).

September 2014
Program Change: Increase in class size from 92 to 100 students, effective August 21, 2015. The commission **approved the change**. No further information requested.

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

- Website update. No further information requested.

July 2014
Update PANCE performance data on website due July 25, 2014.

March 2012
The commission **accepted the report** providing evidence of

- Equivalency of academic and student health services, access to services and resources that help students reach academic and career goals and institutional resources/facilities/support. No further information requested.

March 2011
The commission **accepted the report** providing evidence of

- Support from sponsoring institution, curriculum and equivalency of services, course content, student experiences and access to didactic and laboratory materials. No further information requested.

Program Change: Program expansion to include a geographic location distant from the main campus. The commission **acknowledged the proposed change** to a distant campus and increase in class size to 276. Report due December 31, 2011 (equivalency of academic and student health services, access to services and resources that help students reach academic and career goals and institutional resources/facilities/support).

September 2010
Program Change**:** Program expansion to include a geographic location distant from the main campus. The commission **deferred a decision** and requested additional information (support from sponsoring institution, curriculum and equivalency of services, course content, student experiences and access to didactic and laboratory materials).

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2016. The program is approved for up to 204 students.
Report due January 7, 2011 (*Standards*, 3rd edition) -

- ***Standard B7.04e*** (lacked evidence supervised clinical practice experiences are provided in a long-term care setting) and

- ***Standard C2.01b5*** (lacked evidence the program prepares a self-study report that documents outcome data and critical analysis of graduate evaluations of curriculum and program effectiveness).

<u>September 2007</u>
The commission **accepted the report** addressing 3rd edition

- ***Standard A1.06e*** (provided evidence the sponsoring institution assures appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),
- ***Standard A1.08b*** (provided evidence the sponsoring institution assures appropriate space for confidential academic counseling of students by core faculty),
- ***Standard A3.03*** (provided evidence announcements and advertising accurately reflect the program offered),
- ***Standards A3.07c and i***, (provided evidence c) policies regarding advanced placement and i) first time PANCE pass rates for the five most recent graduating classes were defined, published and readily available to prospective and enrolled students),
- ***Standards A3.08a-c*** (provided evidence of documentation that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- ***Standard B1.07*** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard B7.02*** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- ***Standard B7.03d*** (provided evidence supervised clinical practice experiences (SCPEs) are provided in a long-term care setting),
- ***Standards B7.04b-d*** (provided evidence of SCPEs in b) family medicine, c) general internal medicine and d) general surgical care, including operative experiences),
- ***Standard C1.01g*** (provided evidence the program regularly collects and analyzes graduate performance on the PANCE),
- ***Standard C1.02*** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- ***Standard C2.01b3*** (provided evidence the program prepares a self-study report that documents outcome data and critical analysis of student failure rates in individual courses and rotations). No further information requested.

<u>March 2007</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2009. The program is approved for up to 182 students.
Report due July 13, 2007 (*Standards*, 3rd edition) -

- ***Standard A1.06e*** (lacked evidence the sponsoring institution assures appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),
- ***Standard A1.08b*** (lacked evidence the sponsoring institution assures appropriate space for confidential academic counseling of students by core faculty),
- ***Standard A3.03*** (lacked evidence announcements and advertising accurately reflect the program offered),
- ***Standards A3.07c and i***, (lacked evidence c) policies regarding advanced placement and i) first time PANCE pass rates for the five most recent graduating classes were defined, published and readily available to prospective and enrolled students),
- ***Standards A3.08a-c*** (lacked evidence of documentation that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- ***Standard B1.07*** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard B7.02*** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- ***Standard B7.03d*** (lacked evidence supervised clinical practice experiences (SCPEs) are provided in a long-term care setting),
- ***Standards B7.04b-d*** (lacked evidence of SCPEs in b) family medicine, c) general internal medicine and d) general surgical care, including operative experiences),
- ***Standard C1.01g*** (lacked evidence the program regularly collects and analyzes graduate performance on the PANCE),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- ***Standard C2.01b3*** (lacked evidence the program prepares a self-study report that documents outcome data and critical analysis of student failure rates in individual courses and rotations).

<u>September 2004</u>
The commission **acknowledged the report** providing evidence of

- Physical resources and technology description, budget, preceptor recruitment and equivalency of anatomy course. No further information requested.

<u>March 2004</u>
Program Change: Program expansion to include a geographic location distant from the main campus.
The commission **acknowledged the proposed change** and requested additional information (description of physical resources and technology, budget, preceptor recruitment and equivalency of anatomy course) due July 15, 2004.

**Barry University**
**Accreditation History**



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

- ***Standard B1.4*** (provided evidence of learning objectives in course syllabi). No further information requested.

March 2002
Accreditation Continued; Next Comprehensive Evaluation: March 2007. The program is approved for up to 120 students.
Report due July 19, 2002 (*Standards*, 2nd edition) -

- ***Standard B1.4*** (lacked evidence of learning objectives in course syllabi).

September 1999
The commission **accepted the report** providing evidence of

- Line-item budget. No further information requested.

March 1999
Accreditation Continued; Next Comprehensive Evaluation: March 2002.
Report due August 1, 1999 (*Standards*, 1st edition) -

- Line-item budget.

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1997 by CAAHEP is not available.