James Madison University
Accreditation History

First accredited: April 1999
Next review: October 2028
Maximum class size: 36

October 2026

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

- Effective institutional support for maintaining sufficient clinical sites with affiliation agreements that meet the requirements set forth by the Standards
- Sufficient and effective institutional support for program leadership, hiring sufficient faculty and staff, compliance with the standards, and program self-assessment
- Sufficient financial resources
- Sufficient human resources, including faculty and staff
- Program director knowledge and leadership, including program organization, program administration, fiscal management, program self-assessment, completion of ARC-PA documents, and adherence to the Standards
- Program director supervision of faculty and staff
- Clinical instructional faculty sufficiency, knowledge, and qualifications
- Preceptor vetting to meet all program requirements for the discipline, including certification information
- Preceptor orientation to course learning outcomes
- Readily available information on the deadline for program completion
- Program website accurately publishing its effectiveness in meeting its goals and advertising its admissions preferences
- Student health records that did not contain confidential health information (e.g., full immunization and drug screening results; background check reports; a full physical exam record)
- Didactic and clinical syllabi that contain accurate and complete descriptions of the learning outcomes, instructional objectives, topic lists, methods of assessment, and plans for grading
- Clinical sites and preceptors sufficient in number to enable students to meet the SCPE learning outcomes
- Clinical preceptors who enable students to meet the program's learning outcomes in: family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and behavioral health
- Alignment of instruction to the learning outcomes and their assessments across the didactic and clinical curricula such that learning deficiencies may be identified and addressed in a timely manner
- Initial and ongoing evaluation of clinical sites and preceptors
- A documented summative evaluation that ensured all students met each of the program's competencies prior to graduation
- A well-defined continuous self-assessment process that assessed the required programmatic components
- Implementation and documentation of an ongoing self-assessment process, including data collection and analysis that lead to conclusions and related action plans
- Submission of ARC-PA reports and documents completely and correctly

The commission noted **fifty-nine (59)** areas of noncompliance with the *Accreditation Standards for Physician Assistant Education* (5th edition) and **two (2)** commission observation regarding the *Accreditation Standards for Physician Assistant Education* (6th edition). 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 October 2028 commission meeting. The program's maximum class size remains 36. The program did not appeal the commission's decision.

Report due December 7, 2026:

- Update Personnel and Budget tabs of Program Management Portal

Report due March 1, 2027 (*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 A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- ***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 A1.06*** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***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 A1.10a*** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard A2.01*** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.
- ***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 A2.09a*** (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 A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program.
- ***Standard A2.13a*** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- ***Standard A2.17b*** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)
- ***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 A3.15b*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)
- ***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.
- ***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 B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 June 15, 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 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 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 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 B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***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)
- ***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 B4.03a*** (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 clinical and technical skills)
- ***Standard B4.03b*** (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 clinical reasoning and problem-solving abilities)

- ***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)
- **Standard B4.03d** (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 medical knowledge)
- ***Standard B4.03e*** (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 professional behaviors)

Report due December 3, 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)
- ***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 C1.02a*** (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)
- ***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 (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 December 7, 2026 (*Standards*, 6th edition):

- ***Standard A2.05g*** (lacked evidence program faculty maintain responsibility designing, implementing, coordinating, and evaluating the curriculum)
- ***Standard A2.05h*** (lacked evidence program faculty maintain responsibility evaluating the program)

<u>September 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.

<u>September 2023</u>
Program Change: Increase maximum entering class size to 36 students effective August 21, 2024. The commission **approved the program's proposed change.** No further information requested.

<u>June 2022</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.

<u>September 2021</u>
Program Change: Change in graduation requirements (101 to 103 credits), effective January 2022. The commission **approved the proposed change**. No further information requested.

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. No further information requested.

<u>March 2021</u>
The commission **acknowledged the report** providing evidence of a change in program support. No further information requested.

September 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 after graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes) due April 1, 2021.

September 2019
The commission **accepted the report** providing evidence of

- The modified Self-Study report that documents the process and results of ongoing self-assessment. No further information requested.

March 2019
The commission **did not accept the report** addressing 4th edition

- ***Standard C2.01b***, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Additional information (modified Self-Study report that documents the process and results of ongoing self-assessment) due June 10, 2019.

March 2018
Program Change: Change in maximum class size (30 to 32), effective August 27, 2018. The commission **approved the proposed change**. No further information requested.

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

- Course objectives, preceptor evaluation forms and determination of student achievement. No further information requested.

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

- Description of assurance of student achievement of competencies

Additional information (course objectives, preceptor evaluation forms and determination of student achievement) due January 15, 2018.

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

- Timeframe for hiring faculty and critical analysis of data regarding students achieving competencies.

Additional information (description of assurance of student achievement of competencies) due October 2, 2017.

March 2017
Program Change**:** Change in class size (30 to 32), effective August 2017. The commission **did not approve the proposed change**. The program not eligible to request an increase until after March 2018.

January 2017

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

- Explanation of class size discrepancy and SCPEs. No further information requested.

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

- ***Standard A1.08*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard A2.03*** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A2.18*** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program),
- ***Standard B2.06*** (provided evidence the program curriculum includes instruction in rehabilitative care across the life span),
- ***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),
- ***Standards B3.03a-d*** (provided evidence of program defined expectations for SCPEs 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 C1.01*** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

Additional information (timeframe for hiring faculty and critical analysis of data regarding students achieving competencies) due May 10, 2017.

September 2016

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 30.
Report due October 27, 2016 (*Standards*, 4th edition) -

- ***Standard A1.08*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- ***Standard A2.18*** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).
- Explanation of class size discrepancy and correct supervised clinical practice experiences [SCPEs] in the Program Management Portal.

Due November 9, 2016 (*Standards*, 4th edition) -

- ***Standard B2.06*** (lacked evidence the program curriculum includes instruction in rehabilitative care across the life span),

- ***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),
- ***Standards B3.03a-d*** (lacked evidence of program defined expectations for SCPEs 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 C1.01*** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

Due September 25, 2018 (*Standards*, 4th edition) -

- ***Standard C2.01b***, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Program Change: Change in graduation requirements (101 to 104 credits), effective January 9, 2017. The commission **acknowledged the proposed change**. No further information requested.

March 2016
Program Change: Change in graduation requirements (82 to 101 credits), effective August 31, 2016. The commission **acknowledged the proposed change**. No further information requested.

March 2014
Program Change: Change in class size (25 to 30), effective August 26, 2013. The commission **approved the proposed change**. No further information requested.

September 2009
Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 75. The commission noted zero areas of noncompliance with the *Standards*.

September 2007
Program Change: Change in maximum student capacity (50 to 75), effective August 2008. The commission **acknowledged the proposed change**. No further information requested.

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

- Clinical site evaluation. No further information requested.

September 2006
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.11*** (provided evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- ***Standards C2.2a-g*** (provided evidence the self-study report incorporates critical analysis of outcome data that includes
  - a) student attrition, deceleration, and remediation,
  - b) faculty attrition,
  - c) student failure rates in individual courses and rotations,
  - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
  - e) student evaluations of individual didactic courses, clinical experiences, and faculty,
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standard C6.2*** (provided evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location).

Additional information (clinical site evaluation) due January 12, 2007.

<u>September 2005</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 50.
Report due July 14, 2006 (*Standards*, 2nd edition) -

- ***Standard A2.11*** (lacked evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- ***Standards C2.2a-g*** (lacked evidence the self-study report incorporates critical analysis of outcome data that includes
  - a) student attrition, deceleration, and remediation,
  - b) faculty attrition,
  - c) student failure rates in individual courses and rotations,
  - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
  - e) student evaluations of individual didactic courses, clinical experiences, and faculty,
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standard C6.2*** (lacked evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location).

<u>September 2003</u>
Program Change: Change in degree (baccalaureate to master's). The commission **acknowledged the proposed change**. No further information requested.

<u>September 2002</u>

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

- ***Standard A2.9*** (provided evidence the program director is assigned to the program on a full-time basis),
- ***Standard A2.10*** (provided evidence the program director is responsible for the continuous review and analysis, planning, and development of the program) and
- ***Standard B1.4*** (provided evidence all didactic courses include measurable instructional objectives and expected student competencies). No further information requested.

<u>September-December 2001</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 50.
Report due August 1, 2002 (*Standards*, 2nd edition) -

- ***Standard A2.9*** (lacked evidence the program director is assigned to the program on a full-time basis),
- ***Standard A2.10*** (lacked evidence the program director is responsible for the continuous review and analysis, planning, and development of the program) and

- ***Standard B1.4*** (lacked evidence all didactic courses include measurable instructional objectives and expected student competencies).

NOTE: The ARC-PA commission action information available begins in September 2001. Information from initial accreditation in 1999 by CAAHEP is not available.