University of Washington-MEDEX
Accreditation History

First accredited: February 1973
Next review: October 2028
Maximum class size: 180 (140 Seattle [MC] includes Spokane [DC], Tacoma [DC], Anchorage [DC] and 40 Kealakekua [DC])

October 2026

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*

The commission noted seven (7) areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the October 2028 commission meeting. The program's maximum class size remains 180 (140 at the main campus in Seattle, Washington [which includes the DCs in Spokane and Tacoma, WA and Anchorage, AK] and 40 at DC in Kealakekua, HI). The commission's decision of extended probation is not appealable.

Report due May 14, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)

Report due December 3, 2027 (*Standards*, 5th edition-program will respond in 6th) modified self-study report:

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)

No report due (standard will be re-evaluated at the time of the probation site visit):

- ***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)

No report due (no longer a standard in the 6th edition):

- ***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 A2.08a*** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- ***Standard C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- ***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)

January 2026

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

- ***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 A2.03*** (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 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 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 B4.01b*** (lacked evidence the program conduct 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)

No further report is requested at this time. The program will be required to demonstrate compliance with the cited standards, including the implementation and effectiveness of corrective actions, during the upcoming probation-focused site visit scheduled for May 28-29, 2026.

No additional information required for 5th edition:

- ***Standard A1.02a*** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (provided evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.08a*** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- ***Standard A2.08b*** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- ***Standard A2.09d*** (provided evidence that the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (provided evidence that the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (provided evidence that the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard A3.15b*** (provided evidence that 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 B1.03e*** (provided 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*** (provided 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 B1.04a*** (provided evidence that the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is conducted at geographically separate locations)
- ***Standard B3.03a*** (provided evidence that supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03c*** (provided evidence that 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 B4.01a*** (provided evidence that the program conduct 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 B4.03a*** (provided evidence that 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)

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested no further information at this time**. The ARC-PA will pay special attention to the program's analysis and use of PANCE performance data, including campus-specific evaluation and related self-assessment processes, in the modified Self-Study Report (mSSR) due in March 2026 and during the upcoming probation-focused site visit scheduled for May 28-29, 2026.

<u>September 2025</u>
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal and website.

No further information requested.

<u>March 2025</u>
Focused Visit. The commission noted 34 areas of noncompliance with the *Standards*.
Report due April 5, 2025

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

Report due June 1, 2025

- Update SCPE data in Program Management Portal

Report due October 15, 2025 (*Standards*, 5th edition):

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.07*** (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 A2.03*** (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 A2.08a*** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- ***Standard A2.08b*** (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)
- ***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 A3.12b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- ***Standard A3.15b*** (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 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 B1.04a*** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is conducted at geographically separate locations)
- ***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 B3.03a*** (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 B3.03c*** (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 B4.01a*** (lacked evidence the program conduct 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 conduct 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)

Report due March 2, 2026 (*Standards*, 5th edition) 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)

<u>September 2024</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding the program's failure to demonstrate:

- A fully defined, ongoing self-assessment process that documented program effectiveness and fostered program improvement; that addressed administrative aspects of the program and institutional resources; effectiveness of the didactic and clinical curriculum; preparation of graduates to achieve program-defined competencies; PANCE performance; sufficiency and effectiveness of principal and instructional faculty and staff; and success in meeting the program's goals.
- A self-assessment process that provided evidence of data collection to address all aspects of the program, performance of critical analysis of data, and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.

A focused probation visit will occur in advance of the September 2026 commission meeting. The program's maximum class size remains 180 students per class (140 at the main campus in Seattle and the distant campuses in Spokane, Tacoma, and Anchorage and 40 at the distant campus in Hawai'i). The program requested reconsideration of the commission's action. The action was upheld.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance, dated June 29, 2024. The commission **did not accept the report**.

The commission **did not accept** the report addressing 5th edition

- ***Standard C1.03*** modified Self-Study Report (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)

Report due March 2, 2026 (*Standards*, 5th edition) Full 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)

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance, dated October 20, 2023. The commission **accepted the report**. No further information requested.

March 2023

The commission **Accepted** the report addressing 5th edition

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

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

- Update of Attrition Table on the website. No further information requested.

September 2022

The commission **accepted the findings of the virtual site visit.**

Report due November 25, 2022 (*Standards*, 5th edition):

- Update Attrition Table on website.
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable and responsible for continuous programmatic review and analysis)

Report due May 10, 2024 (*Standards*, 5th edition):

- ***Standard C1.03*** modified Self-Study Report (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)

The commission **acknowledged the report** providing evidence of
Update of PANCE on website. No further information requested.

March 2022
The commission **did not accept the report** addressing 4th edition

- ***Standard C2.01c***, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

Additional information (update PANCE on website) due April 15, 2022, a virtual focused visit in advance of the September 2022 meeting and (Self-Study Report) due one year after the focused visit.

September 2021
The commission **did not accept the report** addressing 4th edition

- ***Standard C2.01c***, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

Additional information (acceptable report) due November 15, 2021.

March 2021
The commission **accepted the report** addressing 4th edition

- ***Standards B3.07d and e*** (provided evidence of supervised clinical practice experiences with preceptors practicing in pediatrics and ob/gyn). No further information requested.

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

- Changes in response to COVID-19. No further information requested.

September 2020
The commission **acknowledged the report** providing evidence of

- Updated costs of living for all distant campuses and costs of flights from the distant campuses to the main campus on the website. No further information requested.

June 2020
Program Change: Expansion to a distant campus (Kealakekua, HI). The commission **approved the proposed change**. The program is approved to accept a maximum entering class size of 40 (by the third cohort): 18 in the first cohort, 30 in the second cohort and 40 in the third cohort at the distant campus in addition to the class size of 140 at the main campus in Seattle, WA (which includes the distant campuses in Spokane and Tacoma, WA and Anchorage, AK).
Report due October 16, 2020 (*Standards*, 4th edition) -

- ***Standards B3.07d and e*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in pediatrics and ob/gyn).

March 2020
The commission **acknowledged the report** providing evidence of

- Updated PANCE pass rate data in the Portal and on the website. No further information requested.

University of Washington-MEDEX
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September 2019
Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum class size: 140.
Report due December 9, 2019

- Update PANCE pass rate data in Program Management Portal and on the website.

Report due December 18, 2019 (*Standards*, 4th edition) -

- ***Standard B2.06*** (lacked evidence the program curriculum includes instruction in rehabilitative care),
- ***Standards B3.03a-b*** (lacked evidence of learning outcomes in supervised clinical practice experiences [SCPEs] in a) medical care across the life span and b) women's health and methods to determine students have met the program's expected learning outcomes) and
- ***Standard B3.04b*** (lacked evidence of SCPEs occurring in emergency department settings).

Report due June 1, 2021 (*Standards*, 4th edition) -

- ***Standard C2.01c***, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

April 2016
The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2018 to September 2019 due to this change.

September 2013
Program Change: Change in program (discontinue didactic phase at Yakima distant campus). The commission **acknowledged the proposed change**. No further information requested.

September 2012
The commission **accepted the report** addressing 4th edition

- ***Standard A1.06*** (provided evidence the sponsoring institution provides PA students and faculty at geographically distant campus locations comparable access to services and resources that help students reach their academic and career goals similar to those available to students and faculty on the main campus),
- ***Standard B3.03b*** (provided evidence all students meet program defined requirements after supervised clinical practice experiences [SCPEs] with patients seeking women's health),
- ***Standard B3.07b*** (provided evidence of SCPEs with preceptors practicing in internal medicine) and
- ***Standard C3.04*** (provided 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 is prepared to enter clinical practice). No further information requested.

Program Change: Expansion to a distant campus (Tacoma, WA), effective July 2013 and Change in maximum student capacity (312 to 420). The commission **acknowledged the proposed change**. No further information requested.

September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 312.
Report due July 1, 2012 (*Standards*, 4th edition) -

- ***Standard A1.06*** (lacked evidence the sponsoring institution provides PA students and faculty at geographically distant campus locations comparable access to services and resources that help students reach their academic and career goals similar to those available to students and faculty on the main campus),
- ***Standard B3.03b*** (lacked evidence all students meet program defined requirements after supervised clinical practice experiences [SCPEs] with patients seeking women's health),
- ***Standard B3.07b*** (lacked evidence of SCPEs with preceptors practicing in internal medicine) and
- ***Standard C3.04*** (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 is prepared to enter clinical practice).

March 2009
The commission **accepted the report** providing evidence of

- State approval and clarification. No further information requested.

September 2008
The commission **accepted the report** providing evidence of

- The formal agreement with the University of Alaska Anchorage. No further information requested.

Program Change: Change in credential awarded (baccalaureate to master's), effective June 2009. The commission **acknowledged the proposed change**. Additional information (state approval and clarification of matriculation) due January 9, 2009.

March 2008
Program Change: Change in maximum student capacity (240 to 312), effective July 2009 and Expansion to a distant campus (Anchorage, AK). The commission **acknowledged the proposed changes**. Additional information (formal agreement with University of Alaska Anchorage) due July 11, 2008.

September 2006
The commission **acknowledged the report** providing evidence of

- The number of students in the general surgery rotation. No further information requested.

University of Washington-MEDEX
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March 2006
The commission **acknowledged the report** providing evidence of

- Student exposure to sufficient breadth of surgical experience

Additional information (number of students in rotation) due July 14, 2006.

September 2005
The commission **did not accept the report** addressing 2nd edition

- ***Standard B6.2*** (lacked evidence the program documents that every student has clinical experiences in general surgery).

Additional information (student exposure to sufficient breadth of surgical experience) due January 13, 2006.

September 2004
Accreditation Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 240.
Report due August 15, 2005 (*Standards*, 2nd edition) -

- ***Standard B6.2*** (lacked evidence the program documents that every student has clinical experiences in general surgery).

March 2004
Program Change: Change in curriculum (extension by one month). Maximum Student Capacity: 240. The commission **acknowledged the proposed change**. No further information requested.

December 2001
Program Change: Change in curriculum (addition of six quarter credits, extension by one month). The commission **acknowledged the proposed change**. No further information requested.
September 1998
Accreditation Continued; Next Comprehensive Evaluation: September 2004. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.