Wake Forest University
Accreditation History

First accredited: September 1972
Next review: July 2032
Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

October 2026
Program Change: Redistribute class sizes among campuses. The commission **approved the program's proposed change to 72 students at the main campus in Winston Salem, NC and 24 students at the distant campus in Boone, NC** effective June 6, 2027. No further information required.

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

- Re-submission of complete evaluation form and evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine specifically as it relates to the clinical and technical skills required in the clinical year.

No further information required.

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

- Revised C1.01d narrative

Additional information (Description of program's implemented self-assessment process for evaluating achievement of all current program-defined competencies, measurable set of program-defined competencies in effect at the time of submission, all assessment tools and instruments used to evaluate each competency, current graduate/exit survey instrument, and all summative evaluation instruments used to assess achievement of program-defined competencies) due October 2, 2026.

June 2025
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***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)

Additional information (Revised C1.01d narrative) due August 3, 2025.

June 2024
The commission **reviewed and more information requested** of the report lacking evidence of

- SCPE learning outcomes and instructional objectives related to emergent encounters and intraoperative patient encounters and General Surgery SCPE Preceptor evaluation tool

Additional information (re-submission of complete evaluation form and evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine specifically as it relates to the clinical and technical skills required in the clinical year) due July 29, 2026.

March 2024
The commission **reviewed and more information requested** of the report lacking evidence of

- Supervised clinical practice experience expected course learning outcomes and instructional objectives and description of how the program aligns student assessment with them, and preceptor evaluation forms

Additional information (SCPE learning outcomes and instructional objectives related to emergent encounters and intraoperative patient encounters and General Surgery SCPE Preceptor evaluation tool) due February 1, 2024.

Wake Forest University
Accreditation History

First accredited: September 1972
Next review: July 2032
Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

June 2023
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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)

Additional information (Supervised clinical practice experience expected course learning outcomes and instructional objectives and description of how the program aligns student assessment with them, and preceptor evaluation forms) due October 1, 2023.

March 2023
The commission **Accepted** the report addressing 5th edition

- ***Standard A3.08c*** (provided evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)
- ***Standard A3.13a*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***Standard B1.03*** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)

No further information requested.

September 2022
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2032. Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone]).
Report due December 2, 2022:

- Update link to program website provided in the Program Management Portal.
- Update NCCPA PANCE Pass Rate Summary Report on website.

Report due December 2, 2022 (*Standards*, 5th edition):

- ***Standard A3.08c*** (lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental

hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)

- ***Standard A3.13a*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***Standard B1.03*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)

Report due February 15, 2023 (*Standards*, 5th edition):

- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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)

Report due October 21, 2024 (*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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard A3.12a*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)

<u>June 2020</u>

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

- The proposed plan in response to COVID-19. No further information requested.

<u>April 2016</u>

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 2019 to September 2022 due to this change.

<u>September 2013</u>

Wake Forest University
Accreditation History

Program Change: Expansion to a distant campus (Boone, NC). The commission **approved the proposed change** (class size-64 at main campus and 32 at distant campus). No further information requested.

March 2013
The commission **accepted the report** addressing 4th edition

- ***Standard A3.19f*** (provided evidence that student files include documentation that the student has met requirements for program completion). No further information requested.

September 2012
Accreditation-Continued; Next Comprehensive Evaluation: September 2019. Maximum Student Capacity: 128.
Report due December 1, 2012 (*Standards*, 4th edition) -

- ***Standard A3.19f*** (lacked evidence that student files include documentation that the student has met requirements for program completion).

March 2011
Program Change: Increase in class size (112 to 128, maximum student enrollment), effective June 2011. The commission **approved the proposed change**. No further information requested.

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard B7.03d*** (provided evidence supervised clinical practice experience is provided in long-term care settings) and
- ***Standard C2.01b3*** (provided evidence the self-study report documents student failure rates in individual courses and rotations). No further information requested.

Program Change: Increase in class size (96 to 112, maximum student enrollment), effective June 2009. The commission **acknowledged the proposed change**. No further information requested.

September 2007
Accreditation-Continued; Next Comprehensive Evaluation: September 2012.
Report due July 11, 2008 (*Standards*, 3rd edition) -

- ***Standard B7.03d*** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- ***Standard C2.01b3*** (lacked evidence the self-study report documents student failure rates in individual courses and rotations).

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

- ***Standard A1.5d*** (provided evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
- ***Standard A2.6*** (provided evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),

- ***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),
- ***Standard A2.16*** (provided evidence that in addition to the core program faculty, there are additional faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession),
- ***Standard C2.2e*** (provided evidence the self-study report incorporates critical analysis of outcome data including timely surveys of graduates evaluating curriculum and program effectiveness),
- ***Standard C3.1*** (provided evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- ***Standard C4.1b and d-e*** (provided evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement). No further information requested.

<u>September 2005</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2007.
Report due January 13, 2006 (*Standards*, 2nd edition) -

- ***Standard A1.5d*** (lacked evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
- ***Standard A2.6*** (lacked evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- ***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),
- ***Standard A2.16*** (lacked evidence that in addition to the core program faculty, there are additional faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession),
- ***Standard C2.2e*** (lacked evidence the self-study report incorporates critical analysis of outcome data including timely surveys of graduates evaluating curriculum and program effectiveness),
- ***Standard C3.1*** (lacked evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- ***Standard C4.1b and d-e*** (lacked evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement).

<u>March 2004</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A5.7*** (provided evidence the program makes known to students in advance of enrollment policies that limit or prevent students from working),

- ***Standard A5.8*** (provided evidence the program publishes and makes available to students policies that students may work within the program or institution while enrolled in the program),
- ***Standard A5.10*** (provided evidence that during clinical experiences, students are not used to substitute for regular clinical or administrative staff.
- ***Standard B1.4*** (provided evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- ***Standard B2.1d*** (provided evidence instruction in the basic medical sciences includes pharmacology),
- ***Standards C2.2a, c-d, f-g*** (provided evidence the self-study report incorporates critical analysis of outcome data including
  - a) student attrition, deceleration, and remediation,
  - c) student failure rates in individual courses and rotations,
  - d) 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),
- ***Standard C4.1b*** (provided evidence the self-study report documents outcome data analysis),
- ***Standard C5.5*** (provided evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- ***Standard C6.1*** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- ***Standard C6.2*** (provided evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location) and
- ***Standard D1.1*** (provided evidence of documentation verifying that each student has completed health screening and meets program health requirements in program files). No further information requested.

<u>September 2003</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 96.
Report due January 15, 2004 (*Standards*, 2nd edition) -

- ***Standard A5.7*** (lacked evidence the program makes known to students in advance of enrollment policies that limit or prevent students from working),
- ***Standard A5.8*** (lacked evidence the program publishes and makes available to students policies that students may work within the program or institution while enrolled in the program),
- ***Standard A5.10*** (lacked evidence that during clinical experiences, students are not used to substitute for regular clinical or administrative staff.

- ***Standard B1.4*** (lacked evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- ***Standard B2.1d*** (lacked evidence instruction in the basic medical sciences includes pharmacology),
- ***Standards C2.2a, c-d, f-g*** (lacked evidence the self-study report incorporates critical analysis of outcome data including
  - a) student attrition, deceleration, and remediation,
  - c) student failure rates in individual courses and rotations,
  - d) 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),
- ***Standard C4.1b*** (lacked evidence the self-study report documents outcome data analysis),
- ***Standard C5.5*** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- ***Standard C6.1*** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- ***Standard C6.2*** (lacked evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location) and
- ***Standard D1.1*** (lacked evidence of documentation verifying that each student has completed health screening and meets program health requirements in program files).

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

NOTE: The ARC-PA commission action information available begins in March 2003. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.