

Johnson and Wales University Accreditation History

First accredited: September 2013
Next review: September 2027
Maximum class size: 36
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March 2024

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.

September 2021

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum Class Size: 36. No report due.

June 2021

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 2021

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

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

June 2020

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

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

March 2020

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

- **Standard A3.14b** (provided evidence the program publishes to enrolled and prospective students factually accurate evidence of the success of the program in achieving its goals) and
- Updated Program Management Portal (year of next regional accreditation review and PANCE pass rate data) and website (PANCE pass rate data and program director). No further information requested.

September 2019

Adverse Action-Accreditation-Probation. The commission extended Accreditation-Probation status. A focused probation site visit will occur in advance of the September 2021 commission meeting. Maximum class size: 36. The commission's decision is not appealable.

Report due December 15, 2019 (*Standards*, 4th edition) -

- **Standard A3.14b** (lacked evidence the program publishes to enrolled and prospective students factually accurate evidence of the success of the program in achieving its goals) and
- Update Program Management Portal (year of next regional accreditation review and PANCE pass rate data) and website (PANCE pass rate data and program director).

Report due April 2, 2021 (*Standards*, 5th edition) -

- **Standard C1.02** (lacked evidence the program consistently applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and

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- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard C1.01** (lacked evidence program implements an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement)

September 2018

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

- Plans for assuring the program director is knowledgeable and responsible for program continuous review and analysis and evidence the program measures and documents each student meets program learning outcomes related to preventive, emergent, acute and chronic care and medical care across the life span. No further information requested.

March 2018

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard A3.19f** (provided evidence that student files include documentation that the student has met requirements for program completion),
- **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, b and d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to physical facilities and supervision necessary to fulfill program expectations of the clinical experience).

Report due June 8, 2018 (plans for assuring the program director is knowledgeable and responsible for program continuous review and analysis and evidence the program measures and documents each student meets program learning outcomes related to preventive, emergent, acute and chronic care and medical care across the life span).

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November 2017

Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the September 2019 commission meeting. Maximum class size: 36. The Reconsideration Review Panel upheld the commission's decision granting Accreditation-Probation.

Report due December 20, 2017 (*Standards*, 4th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard A3.19f** (lacked evidence that student files include documentation that the student has met requirements for program completion),
- **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, b and d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities and supervision necessary to fulfill program expectations of the clinical experience).

Due April 5, 2019 (*Standards*, 4th edition) -

- **Standard C1.02** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

September 2017 (following Final Provisional review)

Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the September 2019 commission meeting. The program is approved to accept up to 36 students per class.

Report due December 20, 2017 (*Standards*, 4th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),

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- **Standard A3.19f** (lacked evidence that student files include documentation that the student has met requirements for program completion),
- **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 methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities and supervision necessary to fulfill program expectations of the clinical experience).

Due April 5, 2019 (*Standards*, 4th edition) -

- **Standard C1.02** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

The program appealed the commission's decision.

March 2016 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2017 (Final Provisional). The program's maximum entering class size remains 36 for the third class. The commission noted zero areas of noncompliance with the *Standards*.

March 2015

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

- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management) and
- **Standard B3.07a** (provided evidence of supervised clinical practice experiences with preceptors practicing in family medicine). No further information requested.

March 2014

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

- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management) and

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- **Standard B3.07a** (lacked evidence of supervised clinical practice experiences with preceptors practicing in family medicine).

Additional information (4th edition, standards B2.13 and B3.07a) due January 1, 2015.

September 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2016 (Provisional Monitoring). The program is approved for up to 24 students in the first class of students, 24 in the second class and 36 in the third class.

Report due January 15, 2014 (*Standards*, 4th edition) -

- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management) and
- **Standard B3.07a** (lacked evidence of supervised clinical practice experiences with preceptors practicing in family medicine).