

Texas Tech University Accreditation History

First accredited: March 1999

Next review: March 2033

Maximum class size: 72

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March 2024

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

- **Standard A3.01** (provided evidence program policies apply to all students, principal faculty and the program director regardless of location)
- **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 A3.14** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)

No further information requested.

September 2023

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

- Updates to the program's Program Management Portal/website. No further information requested.

March 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 72.

Report due May 15, 2023:

- Update PANCE pass rate data in the program's Program Management Portal
- Update attrition table on program's website

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard A3.01** (lacked evidence program policies apply to all students, principal faculty and the program director regardless of location)
- **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 A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)

Report due October 1, 2024 (*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 C1.02a** (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 C1.03** (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)

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

- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2021

Program Change: Change in maximum entering class size (60 to 72), effective May 24, 2022. The commission approved the proposed change. No further information requested.

March 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due October 5, 2020.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2023. Maximum class size: 60. The commission noted zero areas of noncompliance with the *Standards*.

September 2015

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

- Updated program website. No further information requested.

Program Change: Name change of the school (from Allied Health Sciences to Health Professions) within which the Physician Assistant program is located. The commission **acknowledged the change**. No further information requested.

March 2015 (following probation site visit)

Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the *Standards*). Next Comprehensive Evaluation: March 2021. Maximum class size: 60.

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Report due May 11, 2015

- Update program website to address the success of the program in meeting its goals.

January 15, 2016 (*Standards*, 4th edition) -

- Update addressing delivery of Healthcare Management course.
- Complete Self-Study Report.

March 2014

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

- Corrected PANCE data. No further information requested.

September 2013

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

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **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 B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.06a** (provided evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f** (provided 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).

Additional information (correct PANCE pass rate data) due December 31, 2013 and October 1, 2014 (how will goals be published and made readily available).

March 2013

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2020. Maximum class size: 60. A focused site visit will occur in advance of the March 2015 commission meeting. The program did not appeal the commission's decision.

Reports due June 1, 2013 (*Standards*, 4th edition) - Action plan addressing

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),

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- **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 B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f** (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).

Due October 1, 2014 (*Standards*, 4th edition) – How standards have been addressed (basis of focused visit)

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **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 B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) 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).

March 2010

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

- **Standards C1.01a, c, e and f** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and

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rotations, e) graduate evaluations of curriculum and program effectiveness and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and

- **Standards C2.01b1, b3, b5, b6 and d** (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation, b3) student failure rates in individual courses and rotations, b5) graduate evaluations of curriculum and program effectiveness, b6) preceptor evaluations of student performance and suggestions for curriculum improvement and d) modifications that occurred as a result of self-assessment). No further information requested.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 135. Report due January 8, 2010 (*Standards*, 3rd edition) -

- **Standards C1.01a, c, e and f** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, e) graduate evaluations of curriculum and program effectiveness and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1, b3, b5, b6 and d** (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation, b3) student failure rates in individual courses and rotations, b5) graduate evaluations of curriculum and program effectiveness, b6) preceptor evaluations of student performance and suggestions for curriculum improvement and d) modifications that occurred as a result of self-assessment).

March 2006

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

- **Standard B5.5** (provided evidence the program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving) and
- **Standards C2.2c-f** (provided evidence the self-study includes critical analysis of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) timely surveys of graduates evaluating curriculum and program effectiveness). No further information requested.

March 2005

Accreditation-Continued. Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 135.

Report due January 13, 2006 (*Standards*, 2nd edition) -

- **Standard B5.5** (lacked evidence the program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving) and
- **Standards C2.2c-f** (lacked evidence the self-study includes critical analysis of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) timely surveys of graduates evaluating curriculum and program effectiveness).

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March 2004

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

- Course names and schematic of curriculum No further information requested. Maximum Student Capacity: 135 (corrected).

September 2003

Program Change: Change in program length (31 to 27 months). The commission **acknowledged the proposed change**. Additional information (course names and schematic of curriculum) due January 15, 2004.

March 2003

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

- Details on self-evaluation procedure. No further information requested.

September 2002

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

- **Standard A5.3a** (provided evidence the program publishes or makes readily available to prospective students admission practices that favor specified individuals or groups),
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continuous and systematic review of educational effectiveness),
- **Standard C2.2b** (provided evidence the self-study report includes critical analysis of faculty attrition) and
- **Standard C4.1b** (provided evidence the self-study report includes analysis of program data).

Additional information (details on self-evaluation procedure) due January 15, 2003.

September-December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2004. Maximum class size: 50. Report due August 1, 2002 (*Standards*, 2nd edition) -

- **Standard A5.3a** (lacked evidence the program publishes or makes readily available to prospective students admission practices that favor specified individuals or groups),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continuous and systematic review of educational effectiveness),
- **Standard C2.2b** (lacked evidence the self-study report includes critical analysis of faculty attrition) and
- **Standard C4.1b** (lacked evidence the self-study report includes analysis of program data).

March 2000

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

- The program brochure, policy on student service work and learning objectives. No further information requested.

September 1999

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The commission **accepted the report** addressing 1st edition

- **Standard I D 1 a** (provided evidence announcements accurately reflect the program offered),
- **Standard I D 1 f** (provided evidence the program publishes and makes readily available to all concerned policies and processes by which students may perform service work while enrolled) and
- **Standard II B 2 b** (provided evidence there are learning objectives for all didactic courses).

Additional information (program brochure, policy on student service work and learning objectives) due February 1, 2000.

March 1999

Accreditation-Provisional; Next Comprehensive Evaluation: September 2001.

Report due August 1, 1999 (*Standards*, 1st edition)

- **Standard I D 1 a** (lacked evidence announcements accurately reflect the program offered),
- **Standard I D 1 f** (lacked evidence the program publishes and makes readily available to all concerned policies and processes by which students may perform service work while enrolled) and
- **Standard II B 2 b** (lacked evidence there are learning objectives for all didactic courses).