

University of St. Francis – New Mexico Accreditation History

First accredited: October 2000

Next review: N/A

Maximum class size: 40

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May 2024

The program voluntarily surrendered accreditation effective May 1, 2025. The program will remain on probation as it teaches out students in the classes of 2024-2025.

Quarterly teach-out reports (*Standards*, 5th edition) due September 1, 2024; December 1, 2024; March 31, 2025; April 30, 2025.

March 2024

The commission **did not accept** the report addressing 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 A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.03b** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)
- **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 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 A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **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 A3.12b** (lacked evidence 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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.03a** (lacked evidence 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)

Additional information (how program will insure compliance with standards A1.02d, A1.03b, and A2.03; description of how the institution will provide the human resources to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students; description of how program determines that administrative support staff are sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program; program goals and benchmarks; documentation of the process used by the program to verify all supervised clinical practice experiences (SCPEs) occur with physicians who are board-certified in their area

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of instruction; and a description of how the program conducts and documents its summative evaluation process to include an assessment of the learner within the last four months of the program that verifies that each student meets the program competencies for clinical and technical skills required to enter clinical practice) due May 23, 2024.

Report due May 23, 2024:

- Update Student Enrollment data in Program Management Portal
- Publish Attrition Table on program website

Report due May 23, 2024 (*Standards*, 5th edition):

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A3.12a** (lacked evidence 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)

The program received a Warning Letter regarding the institution's willingness to support the program and the program director as the program is currently on Accreditation-Probation status, the last two years of PANCE first-time pass rates have been below 85%, and there is a lack of sufficient faculty and staff necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students.

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

- Updates to the program's website. No further information requested.

June 2023

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

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

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

March 2023

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

- sufficient support to the faculty for program assessment and administrative support for compliance with the accreditation standards,
- sufficient human resources to support the program and release time to support professional development for the program director and principal faculty,
- evidence of its effectiveness in meeting program goals and defining program required competencies to enrolled and prospective students,
- sufficient physicians who are specialty board certified in their area of instruction for the supervised clinical practice experiences,

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- evidence of a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required for clinical practice for clinical and technical skills,
- an ongoing program self-assessment process that documented program effectiveness or fostered program improvement.

A focused probation visit will occur in advance of the March 2025 commission meeting. The program's maximum class size remains 40. The program did not appeal the commission's decision.

Report due May 15, 2023:

- Update PANCE data in Program Management Portal

Report due October 1, 2023 (*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 A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.03b** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)
- **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 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 A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **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 A3.12b** (lacked evidence 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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.03a** (lacked evidence 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 May 23, 2024 (*Standards*, 5th edition) modified SSR:

- **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)

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- **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 initial submission):

- **Standard A3.12g** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)

June 2022

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

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- **Standards C2.01a-f** modified Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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 further information requested.

The program received a Warning Letter regarding the its failure to demonstrate evidence of its ability to implement its described self-assessment process.

March 2021

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

- The required analysis of PANCE performance. No further information requested.

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

- The URL for the program's success in achieving its goals. No further information requested.

September 2020

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

- Follow up regarding changes in response to COVID-19. Plan to be revised and resubmitted.

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Program to resubmit the report no later than November 1, 2020.

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

- **Standard A1.05** (provided evidence the sponsoring institution provides student health services to PA students that are equivalent to those services provided other comparable students of the institution),
- **Standard A3.14b** (provided evidence the program publishes the program's success in achieving its goals),
- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams) and
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

Additional information (url for where the program publishes success in achieving goals) due September 15, 2020.

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

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- Updated PANCE pass rate data in Program Management Portal.

June 2020

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

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

March 2020

Accreditation-Continued; Next Comprehensive Evaluation: March 2030. Maximum class size: 40.

Report due April 17, 2020 -

- Update PANCE pass rate data in Program Management Portal.

Report due June 1, 2020 (*Standards*, 4th edition) -

- **Standard A1.05** (lacked evidence the sponsoring institution provides student health services to PA students that are equivalent to those services provided other comparable students of the institution),
- **Standard A3.14b** (lacked evidence the program publishes the program's success in achieving its goals),
- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams) and
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

Report due March 15, 2022 (*Standards*, 4th edition) -

- **Standards C2.01a-f** modified Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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).

January 2019

The commission **granted the request** by the program to change the next validation review from September 2019 to March 2020 due to changes at all levels of staffing at the University.

March 2017

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.

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 2016 to September 2019 due to this change.

March 2016

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Program Change: Increase in class size (30 to 40), effective January 2017. The commission **approved the proposed change**. No further information requested.

March 2014

The commission requested the URLs for the accreditation status and PANCE results on the program website. The commission **acknowledged the website updates** (NCCPA report and ARC-PA accreditation status). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 90. The commission noted zero areas of noncompliance with the *Standards*.

September 2008

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

- **Standard A2.14** (provided evidence that each individual designated as medical director has defined roles and responsibilities),
- **Standard A3.07I** (provided evidence the program defines, publishes, and makes readily available to prospective and enrolled students policies that limit or prevent students from working during the program),
- **Standard B1.06** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B1.07** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- **Standard C1.01a** (provided evidence the program regularly collects and analyzes student attrition, deceleration, and remediation) and
- **Standards C2.01b1 and b6** (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 90.

Report due July 11, 2008 (*Standards*, 3rd edition) -

- **Standard A2.14** (lacked evidence that each individual designated as medical director has defined roles and responsibilities),
- **Standard A3.07I** (lacked evidence the program defines, publishes, and makes readily available to prospective and enrolled students policies that limit or prevent students from working during the program),
- **Standard B1.06** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),

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- **Standard B1.07** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- **Standard C1.01a** (lacked evidence the program regularly collects and analyzes student attrition, deceleration, and remediation) and
- **Standards C2.01b1 and b6** (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2006

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

- **Standard A2.23** (provided evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A5.3a** (provided evidence the program defines, publishes, and makes readily available to prospective and enrolled students institutional policies and practices that favor specific groups of applicants),
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C2.2f** (provided evidence the self-study includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement). No further information requested.

March 2005

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 90. Report due January 13, 2006 (*Standards*, 2nd edition) -

- **Standard A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A5.3a** (lacked evidence the program defines, publishes, and makes readily available to prospective and enrolled students institutional policies and practices that favor specific groups of applicants),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C2.2f** (lacked evidence the self-study includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement).

September 2004

Adverse Action-Accreditation-Probation (continued); Next Comprehensive Review: March 2005. Maximum Student Capacity: 90. The commission **acknowledged the progress** made in responding to previous concerns.

March 2004

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

- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.16** (lacked evidence there are 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 A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A4.7** (lacked evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

The commission scheduled a focused site visit. Results of the visit will be reviewed at the September 2004 commission meeting.

September 2003

Adverse Action-Accreditation-Probation; Next Comprehensive Review: March 2005. Maximum Student Capacity: 90.

Report due January 15, 2004 (*Standards*, 2nd edition) -

- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.16** (lacked evidence there are 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 A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A4.7** (lacked evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),

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- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

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

- A permanent program director and medical director. No further information requested.

March 2003

Personnel Change: Interim program director appointed, effective December 1, 2002. Interim Medical Director appointed, effective January 6, 2003.

March 2002

Personnel Change: New program director appointed, effective January 1, 2002.

March 2001

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

- **Standard I B 3 a** (provided evidence the program provides adequate laboratories for students),
- **Standard I C 3 b** (provided evidence PA students have access to the same health care services that are made available to students enrolled in other courses of instruction within the institution),
- **Standard I D 1 c** (provided evidence the program publishes and makes known to all applicants all academic costs) and
- **Standard II B 2 b** (provided evidence learning objectives for didactic and clinical education components are adequate and guide student learning). No further information requested.

September 2000

Accreditation-Provisional; Next Comprehensive Evaluation: September 2003.

Report due January 15, 2001 (*Standards*, 1st edition) -

- **Standard I B 3 a** (lacked evidence the program provides adequate laboratories for students),
- **Standard I C 3 b** (lacked evidence PA students have access to the same health care services that are made available to students enrolled in other courses of instruction within the institution),
- **Standard I D 1 c** (lacked evidence the program publishes and makes known to all applicants all academic costs) and

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- **Standard II B 2 b** (lacked evidence learning objectives for didactic and clinical education components are adequate and guide student learning).