

## Springfield College Accreditation History

First accredited: April 1996

Next review: September 2026

Maximum class size: 35 (40 effective January 26)

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### March 2023

Program Change: Increase maximum entering class size to 40, effective January 2026. The commission **approved the program's proposed change**. No further information requested.

### March 2023

Program Change: Increase maximum entering class size. The commission **reviewed and requested more information for the program's proposed change** (documentation of budgetary support and how budget will change with class size change) by March 31, 2023.

### September 2022

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 2022

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

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

- How learning outcomes and instructional objectives guide students for Family Medicine and Inpatient Medicine. No further information requested.

### June 2021

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

- Operating budget and narrative addressing sufficient financial resources. No further information requested.

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

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Exceeding Class Size report. The commission **accepted the report**. No further information requested.

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report and program credits and updated information in the Program Management Portal. No further information requested.

### March 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.

Program Change: Change in program fiscal support. The commission **reviewed and more information requested**. Additional information (operating budget and narrative addressing sufficient financial resources) due March 22, 2021.

Program Change: Change in graduation requirements. The commission **reviewed and more information requested**. Additional information (update program website) due April 1, 2021; (update Program Management Portal) due April 23, 2021; and (narrative describing how learning outcomes and instructional objectives guide students for Family Medicine and Inpatient Medicine) due May 21, 2021.

### September 2020

Program Change: Change in graduation requirements (116 to 112 credits awarded and 48 to 44 weeks in length of supervised clinical practice experiences phase), effective June 1, 2020. The commission **acknowledged the proposed change**. Additional information (narrative addressing when students informed of changes, impact of tuition/cost on program budget and clarifying how courses differ from each other) due October 19, 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. No further information requested.

### March 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

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Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### March 2019

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 2017

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B3.07a** (provided evidence of SCPEs with preceptors practicing in family medicine and students meeting program expectations). No further information requested.

### July 2017

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

- Data on class sizes. No further information requested.

### March 2017

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **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),
- **Standard B3.03b** (provided evidence of SCPEs providing sufficient patient exposure to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking women's health),
- **Standards B3.06a-b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) and
- **Standard B3.07a** (provided some evidence of SCPEs with preceptors practicing in family medicine).

Additional information (description of why not all students have SCPEs with preceptors practicing in family medicine and how these students meet program expectations) requested by July 1, 2017.

### January 2017

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

- Class size clarification. Additional information (specific data on class sizes) requested by February 20, 2017.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.14e** (provided evidence the program makes readily available to prospective students academic credit offered by the program),

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- **Standard A3.15a** (provided evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (provided evidence the program publishes and makes readily available to students upon admission policies and procedures for remediation), and
- **Standard E1.09d** (provided evidence the program will not increase entering class size without informing and receiving approval from the ARC-PA).

Additional information (clarification of class size) requested by December 5, 2016.

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

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

### September 2016

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

- Updated supervised clinical practice experiences [SCPEs] and PANCE pass rate data in the Portal.

Additional information (update PANCE on website and SCPE data in Portal) due November 15, 2016.

### July 2016

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 35.

Report due September 1, 2016

- Update supervised clinical practice experiences [SCPEs] and PANCE pass rate data in Program Management Portal.

Due September 15, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14e** (lacked evidence the program makes readily available to prospective students academic credit offered by the program),
- **Standard A3.15a** (lacked evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (lacked evidence the program publishes and makes readily available to students upon admission policies and procedures for remediation), and
- **Standard E1.09d** (lacked evidence the program informed and received approval from the ARC-PA for an increase above the approved maximum entering class size).

Due January 15, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **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),
- **Standard B3.03b** (lacked evidence of SCPEs providing sufficient patient exposure to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking women's health),

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- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) and
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine).

### March 2014

Accreditation-Administrative Probation. The Annual Report was due December 31, 2013. It was not submitted until January 4, 2014. Administrative-Probation removed.

### March 2011

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard B6.03a** (provided evidence the program provides instruction on the history of the PA profession),
- **Standard B7.04e** (provided evidence supervised clinical practice experience is provided in a long-term care setting),
- **Standard C1.01e** (provided evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standard C2.01b** (provided evidence the self-study report documents outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty). No further information requested.

### March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 105.

Report due December 31, 2010 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard B6.03a** (lacked evidence the program provides instruction on the history of the PA profession),
- **Standard B7.04e** (lacked evidence supervised clinical practice experience is provided in a long-term care setting),
- **Standard C1.01e** (lacked evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standard C2.01b** (lacked evidence the self-study report documents outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty).

### March 2004

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A5.3b** (provided evidence the cost of the program is consistently defined and published to prospective students) and
- **Standard D1.2** (provided evidence that student health records are confidential documents and not kept in program files). No further information requested.

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### March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 60.

Report due January 15, 2004 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A5.3b** (lacked evidence the cost of the program is consistently defined and published to prospective students) and
- **Standard D1.2** (lacked evidence that student health records are confidential documents and not kept in program files).

### September 2002

Program Change: Change in credential awarded (baccalaureate to Master of Science in Physician Assistant Studies), effective 2003. The commission **acknowledged the proposed change**. No further information requested.

### September 1999

The commission **accepted the report** addressing 1<sup>st</sup> edition

- **Standard II B 1 e** (provided evidence all students have a clinical experience in family medicine). No further information requested.

### March 1999

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

Report due August 1, 1999 (*Standards*, 1<sup>st</sup> edition) -

- **Standard II B 1 e** (lacked evidence all students have a clinical experience in family medicine).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1996 by CAAHEP is not available.