

Augusta University Accreditation History

First accredited: November 1973

Next review: June 2029

Maximum class size: 50

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September 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

June 2023

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

- Revised and resubmitted specific appendices of the mSSR

No further information requested

March 2023

The commission **Action of the commission from the letter** the report addressing 5th edition

- **Standard A3.12b** (provided evidence of program defines, publishes, and makes readily available to enrolled and prospective students general program information to include b) evidence of its effectiveness in meeting its goals)

No further information requested.

June 2022

The commission **reviewed and requested more information** for the follow up modified SSR 5th edition providing evidence of

- The self-study report documents results of critical analysis from the ongoing self-assessment, modifications that occurred as a result of self-assessment and self-identified program strengths and areas in need of improvement.

Additional information (revise and resubmit specific appendices of the mSSR) due February 15, 2023

Report due October 1, 2022 (*Standards*, 5th edition) -

- **Standard A3.12b** (lacked evidence of program defines, publishes, and makes readily available to enrolled and prospective students general program information to include b) evidence of its effectiveness in meeting its goals)

June 2021

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

- **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-e**, modified self-study report (lacked evidence of a self-study report that documented 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 and e) self-identified program strengths and areas in need of improvement).

Additional information (acceptable response) due February 15, 2022.

March 2021

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

- Follow-up for the class of 2020 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and completed

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summative testing. No further information requested.

September 2020

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

- **Standard B3.07c** (provided evidence all students have supervised clinical practice experiences [SCPEs] with preceptors practicing in general surgery). 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 15, 2020.

March 2020

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

- **Standard A3.15a** (provided evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (provided evidence that student admission decisions are made in accordance with published practices of the institution and program),
- **Standard B2.06** (provided evidence the program curriculum includes instruction in clinical medical care for the elderly population),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in social and behavioral sciences related to the response to illness, injury and stress), and
- **Standard B2.12** (provided evidence the program curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA). No further information requested.

June 2019

Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum entering class size: 50.

Report due November 8, 2019 (*Standards*, 4th edition) -

- **Standard A3.15a** (lacked evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with published practices of the institution and program),
- **Standard B2.06** (lacked evidence the program curriculum includes instruction in clinical medical care for the elderly population),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in social and behavioral sciences related to the response to illness, injury and stress), and
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA).

Due May 1, 2020 (*Standards*, 4th edition) -

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- **Standard B3.07c** (lacked evidence all students have supervised clinical practice experiences [SCPEs] with preceptors practicing in general surgery).

Due February 15, 2021 (*Standards*, 4th edition) -

- **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-e**, modified self-study report (lacked evidence of a self-study report that documented 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 and e) self-identified program strengths and areas in need of improvement).

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 2017

The program received an alert through the Program Management Portal that the number of supervised clinical practice experience (SCPE) sites was insufficient. The program submitted clarification of the clinical phase of the program and the number of SCPEs. The commission **accepted the report**. No further information requested.

October 2015 (Augusta University)

Name Change: Augusta University (formerly Georgia Regents University)

January 2013 (Georgia Regents University)

Name Change: Georgia Regents University (formerly Georgia Health Sciences University)

September 2012

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

- **Standard C2.01b** (provided evidence of a self-study report that documented results of critical analysis from the ongoing self-assessment). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. The program is approved for up to 150 students.

Report due July 1, 2012 (*Standards*, 4th edition) -

- **Standard C2.01b** (lacked evidence of a self-study report that documented results of critical analysis from the ongoing self-assessment).

March 2011 (Georgia Health Sciences University)

Name Change: Georgia Health Sciences University (formerly the Medical College of Georgia)

September 2007

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

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- **Standard A5.17b** (provided evidence of a clearly defined, published, and readily available to prospective students policy regarding advanced placement or experiential learning credits),
- **Standard A5.8** (provided evidence of published policies by which students may work within the program or institution while enrolled in the program) and
- **Standards C2.2d-e** (provided evidence self-study reports including critical analysis of outcome data which includes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) timely surveys of graduates evaluating curriculum and program effectiveness). No further information requested.

September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2011; Maximum Student Capacity: 150.

Report due July 13, 2007 (*Standards*, 2nd edition) -

- **Standard A5.17b** (lacked evidence of a clearly defined, published, and readily available to prospective students policy regarding advanced placement or experiential learning credits),
- **Standard A5.8** (lacked evidence of published policies by which students may work within the program or institution while enrolled in the program) and
- **Standards C2.2d-e** (lacked evidence self-study reports including critical analysis of outcome data which includes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) timely surveys of graduates evaluating curriculum and program effectiveness).

September 2005

Program Change: Change in degree (Baccalaureate to Masters, effective May 2006). The commission **acknowledged the proposed change**. No further information requested.

March 2003

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

- Learning objectives for family practice that are measurable and guide student learning No further information requested.

September 2002

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

- **Standard B1.2** (provided evidence the curriculum sequencing of physiology after pathophysiology is adequate),
- **Standard B1.4** (provided some evidence of measurable instructional objectives for family practice [PAD 4030]),
- **Standard B2.1d** (provided evidence of adequate instruction in pharmacology),
- **Standard B5.4** (provided evidence all students are adequately prepared for prescriptive practice), and
- **Standard C4.1e** (provided evidence the self-study adequately documents plans for addressing weaknesses).

Requested additional information (learning objectives for family practice that are measurable and guide student learning) due January 15, 2003.

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September 2001 (Medical College of Georgia)

Accreditation-Continued; Next Comprehensive Evaluation: September 2006; Maximum Student Capacity: 80.

Report due July 15, 2002 (*Standards*, 2nd edition) -

- **Standard B1.2** (lacked evidence the curriculum sequencing of physiology after pathophysiology is adequate),
- **Standard B1.4** (lacked evidence of measurable instructional objectives for family practice [PAD 4030]),
- **Standard B2.1d** (lacked evidence of adequate instruction in pharmacology),
- **Standard B5.4** (lacked evidence all students are adequately prepared for prescriptive practice), and
- **Standard C4.1e** (lacked evidence the self-study adequately documents plans for addressing weaknesses).

NOTE: The ARC-PA commission action information available begins in September 2001. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.