

## Saint Joseph's University Accreditation History

First accredited: March 2020  
Next review: March 2025  
Maximum class size: 40/40/40  
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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 **did not accept the report**. No further information requested at this time.

### June 2024

The commission **reviewed and more information requested** of the report providing evidence of

- description of the vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area  
No further information requested.

Additional information (policy on students having SCPEs with physicians who are board-certified in their area of instruction and description of the specific vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area) due October 1, 2024.

### March 2024

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 **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard C2.01a** (provided evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

Additional information (description of the vetting process used by the program to determine how preceptors not board-certified in their area of instruction were deemed appropriate for supervising students in this area) due by February 1, 2024.

### September 2023

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

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

### March 2023 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2025 (Final Provisional). The program's maximum class size remains 40.

Report due May 15, 2023:

- Update PANCE data in Program Management Portal and on website

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard C2.01a** (lacked evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

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** (the program did not submit documents as required by the ARC-PA)

### June 2022

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

- MSCHE documentation of the approval of the merger of the University of the Sciences and St. Joseph's University.

Program Change: Change in fiscal support. The commission **acknowledged the program's proposed change**. No further information requested.

### March 2022

Program Change: Change in sponsorship from the University of the Sciences to Saint Joseph's University. The commission **acknowledged the program's proposed change** and requested additional information

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(documentation from Middle States Commission on Higher Education (MSCHE) confirming approval of the change) once it is available.

### March 2021

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

- Changes in response to COVID-19. No further information requested.

### September 2020

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

- **Standard B3.03a** (provided evidence of clearly defined learning outcomes and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have met the learning outcomes) and
- **Standard C4.01** (provided evidence the program maintains and documents effective processes for the initial evaluation of all sites and preceptors used for SCPEs). No further information requested.

### March 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 40 students in the first class of students, 40 in the second class and 40 in the third class.

Report due June 17, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have met the learning outcomes) and
- **Standard C4.01** (lacked evidence the program maintains and documents effective processes for the initial evaluation of all sites and preceptors used for SCPEs).

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

- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in pediatrics)
  - **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in ob/gyn)
  - **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in behavioral and mental health care)
  - **Standard D1.03** (lacked evidence the developing program informs, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants)
  - **Standard D1.07** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of the number of anticipated students)
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The program was accredited from September 2012 through May 2019.

### February 2017-May 2019

Adverse Action-Accreditation-Probation. The program voluntarily withdrew from the accreditation process, after completing a teach-out of students who were in the program at the time accreditation was withdrawn.

### December 2016

Adverse Action-Accreditation Withdrawn. The Reconsideration Review Panel upheld the commission's decision. The program voluntarily withdrew from the accreditation process, after completing a teach-out of its students. Action based on noncompliance with *Standards*, 4<sup>th</sup> edition

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standards A2.09b and d-g** (lacked evidence the program director is knowledgeable about and responsible for program b) administration, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.06** (lacked evidence that students must not substitute for clinical or administrative staff during supervised clinical practice experiences [SCPEs]),
- **Standard B3.02** (lacked evidence SCPEs enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence that the program has clearly defined program expectations for SCPEs 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 B3.07a** (lacked evidence SCPEs occur with preceptors practicing in family medicine),
- **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),
- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the program) and
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

### September 2016 (following Provisional Monitoring review)

Adverse Action-Accreditation Withdrawn. Action based on noncompliance with *Standards*, 4<sup>th</sup> edition

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),

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- **Standards A2.09b and d-g** (lacked evidence the program director is knowledgeable about and responsible for program b) administration, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.06** (lacked evidence that students must not substitute for clinical or administrative staff during supervised clinical practice experiences [SCPEs]),
- **Standard B3.02** (lacked evidence SCPEs enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence that the program has clearly defined program expectations for SCPEs 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 B3.07a** (lacked evidence SCPEs occur with preceptors practicing in family medicine),
- **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),
- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the program) and
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

The program appealed the commission's decision.

### September 2012

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 40 students in the first class of students, 40 in the second class and 40 in the third class. The commission noted zero areas of noncompliance with the *Standards*.