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Maximum class size: 180 (140 Seattle [MC] includes Spokane [DC], Tacoma [DC], Anchorage [DC] and 40

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September 2024

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding the program's failure to demonstrate:

- A fully defined, ongoing self-assessment process that documented program effectiveness and
 fostered program improvement; that addressed administrative aspects of the program and
 institutional resources; effectiveness of the didactic and clinical curriculum; preparation of
 graduates to achieve program-defined competencies; PANCE performance; sufficiency and
 effectiveness of principal and instructional faculty and staff; and success in meeting the
 program's goals.
- A self-assessment process that provided evidence of data collection to address all aspects of the
 program, performance of critical analysis of data, and applying results of analysis leading to
 conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis
 and linked the data analysis to data-driven conclusions with subsequent identification of
 program strengths, areas in need of improvement, and action plans.

A focused probation visit will occur in advance of the September 2026 commission meeting. The program's maximum class size remains 180 students per class (140 at the main campus in Seattle and the distant campuses in Spokane, Tacoma, and Anchorage and 40 at the distant campus in Hawai'i). The program requested reconsideration of the commission's action. The action was upheld.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance, dated June 29, 2024. The commission **did not accept the report**.

The commission **did not accept** the report addressing 5th edition

 Standard C1.03 modified Self-Study Report (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)

Report due March 2, 2026 (Standards, 5th edition) Full 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 C1.01b** (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)

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• **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)

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance, dated October 20, 2023. The commission **accepted the report**. No further information requested.

March 2023

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

• **Standard A2.09d** (provided evidence the program director is knowledgeable and responsible for continuous programmatic review and analysis) No further information requested

The commission acknowledged the report providing evidence of

• Update of Attrition Table on the website. No further information requested.

September 2022

The commission accepted the findings of the virtual site visit.

Report due November 25, 2022 (Standards, 5th edition):

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• Update Attrition Table on website.

• **Standard A2.09d** (lacked evidence the program director is knowledgeable and responsible for continuous programmatic review and analysis)

Report due May 10, 2024 (Standards, 5th edition):

• **Standard C1.03** modified Self-Study Report (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)

The commission **acknowledged the report** providing evidence of Update of PANCE on website. No further information requested.

March 2022

The commission did not accept the report addressing 4th edition

• **Standard C2.01c**, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

Additional information (update PANCE on website) due April 15, 2022, a virtual focused visit in advance of the September 2022 meeting and (Self-Study Report) due one year after the focused visit.

September 2021

The commission did not accept the report addressing 4th edition

• **Standard C2.01c**, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

Additional information (acceptable report) due November 15, 2021.

March 2021

The commission accepted the report addressing 4th edition

• **Standards B3.07d and e** (provided evidence of supervised clinical practice experiences with preceptors practicing in pediatrics and ob/gyn). No further information requested.

The commission acknowledged the report providing evidence of

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

September 2020

The commission acknowledged the report providing evidence of

• Updated costs of living for all distant campuses and costs of flights from the distant campuses to the main campus on the website. No further information requested.

June 2020

Program Change: Expansion to a distant campus (Kealakekua, HI). The commission **approved the proposed change**. The program is approved to accept a maximum entering class size of 40 (by the third cohort): 18 in the first cohort, 30 in the second cohort and 40 in the third cohort at the distant campus

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in addition to the class size of 140 at the main campus in Seattle, WA (which includes the distant campuses in Spokane and Tacoma, WA and Anchorage, AK).

Report due October 16, 2020 (Standards, 4th edition) -

• **Standards B3.07d and e** (lacked evidence of supervised clinical practice experiences with preceptors practicing in pediatrics and ob/gyn).

March 2020

The commission acknowledged the report providing evidence of

 Updated PANCE pass rate data in the Portal and on the website. No further information requested.

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum class size: 140. Report due December 9, 2019

• Update PANCE pass rate data in Program Management Portal and on the website.

Report due December 18, 2019 (Standards, 4th edition) -

- **Standard B2.06** (lacked evidence the program curriculum includes instruction in rehabilitative care),
- **Standards B3.03a-b** (lacked evidence of learning outcomes in supervised clinical practice experiences [SCPEs] in a) medical care across the life span and b) women's health and methods to determine students have met the program's expected learning outcomes) and
- Standard B3.04b (lacked evidence of SCPEs occurring in emergency department settings).

Report due June 1, 2021 (Standards, 4th edition) -

• **Standard C2.01c**, modified Self-Study Report (lacked evidence of a self-study report that documents faculty evaluation of the administrative aspects of the program).

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 2018 to September 2019 due to this change.

September 2013

Program Change: Change in program (discontinue didactic phase at Yakima distant campus). The commission **acknowledged the proposed change**. No further information requested.

September 2012

The commission accepted the report addressing 4th edition

• **Standard A1.06** (provided evidence the sponsoring institution provides PA students and faculty at geographically distant campus locations comparable access to services and resources that help students reach their academic and career goals similar to those available to students and faculty on the main campus),

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- **Standard B3.03b** (provided evidence all students meet program defined requirements after supervised clinical practice experiences [SCPEs] with patients seeking women's health),
- Standard B3.07b (provided evidence of SCPEs with preceptors practicing in internal medicine) and
- **Standard C3.04** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice). No further information requested.

Program Change: Expansion to a distant campus (Tacoma, WA), effective July 2013 and Change in maximum student capacity (312 to 420). The commission **acknowledged the proposed change**. No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 312.

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

- Standard A1.06 (lacked evidence the sponsoring institution provides PA students and faculty at
 geographically distant campus locations comparable access to services and resources that help
 students reach their academic and career goals similar to those available to students and faculty
 on the main campus),
- Standard B3.03b (lacked evidence all students meet program defined requirements after supervised clinical practice experiences [SCPEs] with patients seeking women's health),
- Standard B3.07b (lacked evidence of SCPEs with preceptors practicing in internal medicine) and
- **Standard C3.04** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

March 2009

The commission accepted the report providing evidence of

• State approval and clarification. No further information requested.

September 2008

The commission accepted the report providing evidence of

 The formal agreement with the University of Alaska Anchorage. No further information requested.

Program Change: Change in credential awarded (baccalaureate to master's), effective June 2009. The commission **acknowledged the proposed change**. Additional information (state approval and clarification of matriculation) due January 9, 2009.

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March 2008

Program Change: Change in maximum student capacity (240 to 312), effective July 2009 and Expansion to a distant campus (Anchorage, AK). The commission **acknowledged the proposed changes**. Additional information (formal agreement with University of Alaska Anchorage) due July 11, 2008.

September 2006

The commission acknowledged the report providing evidence of

• The number of students in the general surgery rotation. No further information requested.

March 2006

The commission acknowledged the report providing evidence of

• Student exposure to sufficient breadth of surgical experience

Additional information (number of students in rotation) due July 14, 2006.

September 2005

The commission did not accept the report addressing 2nd edition

• **Standard B6.2** (lacked evidence the program documents that every student has clinical experiences in general surgery).

Additional information (student exposure to sufficient breadth of surgical experience) due January 13, 2006.

September 2004

Accreditation Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 240.

Report due August 15, 2005 (Standards, 2nd edition) -

• **Standard B6.2** (lacked evidence the program documents that every student has clinical experiences in general surgery).

March 2004

Program Change: Change in curriculum (extension by one month). Maximum Student Capacity: 240. The commission **acknowledged the proposed change**. No further information requested.

December 2001

Program Change: Change in curriculum (addition of six quarter credits, extension by one month). The commission **acknowledged the proposed change**. No further information requested.

September 1998

Accreditation Continued; Next Comprehensive Evaluation: September 2004. The commission noted zero areas of noncompliance with the *Standards*.

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NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.