

## Radford University Accreditation History

First accredited: April 1997

Next review: March 2033

Maximum class size: 42

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### March 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 3 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: March 2033. Maximum class size: 42.

Report due May 15, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)

Report due October 1, 2026 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)

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

- Established benchmarks with rationale for each of the program's diversity markers identified as a measure of goals and URL where this information is published on the website; description of how the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of required competencies; program's SCPE expectations for each required rotation; description of how the program ensures there is alignment of student assessment(s) with what the program expects of a student on SCPEs; document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected; and description of how the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner

Additional information (clinical syllabi for PHYA 711 Elective Rotation I and PHYA 712 Elective Rotation II with learning outcomes and instructional objectives that are measurable and can guide student acquisition of the competencies for the elective rotations and document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives) due May 14, 2025.

### March 2024

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

- **Standard A1.01** (provided evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A1.07** (provided 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

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matriculating and enrolled students)

- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goals for diversity, equity and inclusion)
- **Standard A1.11b** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.03** (provided 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 A2.16** (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- **Standard A3.12b** (provided 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 B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.20a** (provided evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)
- **Standard B3.03a** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.03e** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

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- **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 B4.01b** (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 identifies and addresses any student deficiencies in a timely manner)
- **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 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 patient populations)

Additional information (established benchmarks with rationale for each of the program's diversity markers identified as a measure of goals and URL where this information is published on the website; description of how the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of required competencies; program's SCPE expectations for each required rotation; description of how the program ensures there is alignment of student assessment(s) with what the program expects of a student on SCPEs; document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected; and description of how the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner) due May 23, 2024.

### March 2023

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

- Signed affiliation agreements did not consistently include specific notations that acknowledged the terms of participation between the PA program and each clinical entity.
- The sponsoring institution's responsibility for publishing and making readily available its policy and procedure to process faculty grievances.
- The sponsoring institution providing the program with sufficient principal faculty to operate the educational program, comply with standards, and fulfill obligations to matriculating and enrolled students.
- The sponsoring institution demonstrating its commitment to supporting the program in defining its goal(s) for diversity and inclusion for students, faculty, and staff, including recruitment and retention strategies.
- The program defining evidence of its effectiveness in meeting published program website goals.
- A curriculum with evidence of instruction that addressed the business of health care to include coding and billing and provider personal wellness including prevention of impairment.
- Clinical courses (including required and elective rotations) with defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide

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student acquisition of required competencies including learning outcomes that addressed preventive patient encounters; care across the life span, to include infants, children, adolescents, adults, and the elderly; women's health to include prenatal and gynecologic care; conditions requiring surgical management, including pre-operative, intra-operative, post-operative care; and for behavioral and mental health conditions.

- Documented initial and ongoing evaluation of clinical sites to ensure student access to physical facilities and patient populations.
- The program's methods of assessment in the clinical curriculum did not align with what is expected and taught and did not monitor and document the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills.
- A self-assessment process that provided evidence of 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 site visit will need to occur in advance of the March 2025 commission meeting. The program's maximum class size remains 42. The program requested reconsideration of the commission's action. The action was upheld.

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

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **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 A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goals for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- **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 A2.16** (lacked evidence all instructional faculty actively serving as supervised clinical

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practice experience preceptors hold a valid license to practice at the clinical site)

- **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 B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.20a** (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care))
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- **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 B4.01b** (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 identifies and addresses any student deficiencies in a timely manner)
- **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 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 patient populations)

Report due May 23, 2024 (*Standards*, 5<sup>th</sup> edition):

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- **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 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 for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission; *Standards*, 5<sup>th</sup> edition):

- **Standard A1.02i** (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment)
- **Standard B2.14a** (lacked evidence the curriculum includes instruction about the business of health care including coding and billing)

### June 2021

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

- Confirmation all students in the class of 2020 met their supervised clinical practice experience learning outcomes and completed summative testing, as well as update on filling vacant position. No further information requested.

### March 2021

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

- Changes in response to COVID-19. 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 their supervised clinical practice experience learning outcomes and completed summative testing, as well as update on filling vacant position) due January 15, 2021.

### March 2019

Program Change: Change in sponsorship (Jefferson College of Health Sciences to Radford University, due to merger of institutions), effective July 2019. The commission **approved the proposed change**. No further information requested.

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### March 2014

Program Change: Change in class size (40 to 42), effective August 2014. The commission **approved the proposed change**. No further information requested.

### September 2013

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

- **Standard A1.02** (provided evidence there are written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students). No further information requested.

### March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 40.  
Report due June 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.02** (lacked evidence there are written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students).

### March 2010

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

- Clinical sites. No further information requested.

### March 2009

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

- **Standard A3.13c** (provided evidence student files include documentation of remediation),
- **Standards B7.03a-b** (provided evidence the program documents that every student has supervised clinical practice experiences with patients seeking a) medical care across the life span and b) prenatal care and women's health care) and
- **Standard C2.01b1** (provided evidence the self-study report documents student attrition, deceleration and remediation).

Additional information (clarification regarding clinical sites) due January 8, 2010.

### March 2008

Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 80.  
Report due January 9, 2009 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A3.13c** (lacked evidence student files include documentation of remediation),
- **Standards B7.03a-b** (lacked evidence the program documents that every student has supervised clinical practice experiences with patients seeking a) medical care across the life span and b) prenatal care and women's health care) and
- **Standard C2.01b1** (lacked evidence the self-study report documents student attrition, deceleration and remediation).

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### March 2007

Program Change: Change in maximum student capacity (56 to 80), effective August 2007. The commission **acknowledged the proposed change**. No further information requested.

### September 2004

Personnel Change: Permanent program director hired.

### March 2004 (Jefferson College of Health Sciences)

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

- The hiring of the program director and medical director. Additional information due when permanent program director hired.

Program Change: Name change to Jefferson College of Health Sciences. No change to operation or ownership.

### September 2003

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

- **Standard A2.9** (provided evidence the program director is full time with the program) and
- **Standards C2.2e-f** (provided evidence the self-study report includes critical analysis of e) graduate surveys and f) graduate employer surveys).

Additional information (status on hiring a permanent program director and medical director) due January 15, 2004.

Personnel Change: Interim program director appointed, effective May 9, 2003.

### March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 56. Report due July 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.9** (lacked evidence the program director is full time with the program) and
- **Standards C2.2e-f** (lacked evidence the self-study report includes critical analysis of e) graduate surveys and f) graduate employer surveys).

Personnel Change: Interim program director and interim medical director appointed.

### March 2001

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

- The budget. No further information requested.

Program Change: Change in class size (24 to 28). The commission **approved the class size increase**. No further information requested.

### September 2000 (College of Health Sciences)

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



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- **Standard I B 1 c (3)** (provided evidence the number of faculty is sufficient to provide students with adequate clinical support) and
- **Standard I C 1** (provided evidence admission criteria is defined and made readily available to prospective students). No further information requested.

Program Change: Change in class size (24 to 28). The commission **accepted the proposed change**.

Additional information (budget) due January 15, 2001.

### March 2000

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

Report due August 1, 2000 (*Standards*, 1st edition) -

- **Standard I B 1 c (3)** (lacked evidence the number of faculty is sufficient to provide students with adequate clinical support) and
- **Standard I C 1** (lacked evidence admission criteria is defined and made readily available to prospective students).

NOTE: The ARC-PA commission action information available begins in March 2000. Information from initial accreditation in 1997 by CAAHEP is not available.