

University of Alabama at Birmingham Accreditation History

First accredited: September 1975

Next review: March 2034

Maximum class size: 80

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March 2025

The commission **accepted** the report addressing 5th 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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A3.13a** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard B2.11d** (provided evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

No further information requested.

September 2024

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

- Updates to the program's website.

No further information requested.

March 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2034. Maximum class size: 80.

Report due April 15, 2024:

- Update NCCPA PANCE Pass Rate Summary Report on website

Report due October 1, 2024 (*Standards*, 5th 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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

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

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- **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)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

June 2022

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

- Analysis of PANCE for low first-time taker pass rate. No further information requested.

March 2022

The commission **did not accept the report** providing evidence of

- Analysis of PANCE for low first-time taker pass rate.

Acceptable response due March 7, 2022.

June 2021

The commission **did not accept the report** providing evidence of

- Analysis of PANCE for low first-time taker pass rate.

Acceptable response due December 1, 2021.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. 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 February 20, 2021.

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.

March 2018

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.

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

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- Appointment of interim program director. No further information requested.

July 2016

The commission **did not accept the report**

- Lacked evidence related to program personnel, budget, SCPEs and decision-making process related to class size increase and

The commission **did not approve**

- The increase to a maximum class size of 90 within the PA program beyond the cohort that already has been accepted to begin the program in August 2016.

Program Change: The commission reviewed materials regarding the dual degree program (Coordinated Master of Science in Physician Assistant Studies and Master of Public Health). The commission **acknowledged the report**. No further information requested.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2021 to March 2024 due to this change.

March 2016

Program Management Portal review in January 2016 revealed discrepancy between plan submitted by program for class size increase and what was occurring in the program. The commission requested a report by February 22, 2016 relative to the approved class size increase.

Based on review of the report, the commission **rescinded the program's approval** for its next incremental increase in class size. The program approved maximum entering class size is not to exceed 80 students in 2016. Additional report due August 1, 2016 (program personnel, budget, supervised clinical practice experiences [SCPEs] and decision-making process related to class size increase).

March 2015

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

- Website updated with latest NCCPA report. No further information requested.

September 2014

Program Change: Increase class size; The program is **approved** for a maximum number of 90 students (incremental increase: 70 students in 2014, 80 in 2015 and 90 in 2016), effective August 2014. Program will be monitored via the Program Management Portal for personnel, supervised clinical practice experiences and PANCE results.

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

- **Standard A3.14c** (provided evidence of publication of the five-year, first time PANCE pass rate). Additional report (update website with latest NCCPA report) due October 3, 2014.

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March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021. The program is approved for up to 60 students.

Report due April 11, 2014 (*Standards*, 4th edition) -

- **Standard A3.14c** (lacked evidence of publication of the five-year, first time PANCE pass rate).

September 2013

Program Change: Increase class size. The program is approved for up to 60 students. The commission **approved the proposed change**. No further information requested.

March 2011

Program Change: Increase the maximum aggregate student enrollment to 165. The commission **accepted the proposed change**. No further information requested.

March 2010

The commission **accepted the report** addressing 3rd edition

- **Standards C2.01b1 and b4** (provided evidence that the self-study report documented outcome data and critical analysis of b1) student attrition, deceleration and remediation and b4) student evaluations of individual didactic courses, clinical experiences and faculty). No further information requested.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. The program is approved for up to 96 students.

Report due January 8, 2010 (*Standards*, 3rd edition) -

- **Standards C2.01b1 and b4** (lacked evidence that the self-study report documented outcome data and critical analysis of b1) student attrition, deceleration and remediation and b4) student evaluations of individual didactic courses, clinical experiences and faculty).

March 2007

Adverse Action-Accreditation-Probation. Next Comprehensive Evaluation: September 2008. The program is approved for up to 96 students. Third edition *Standards* identified

- **Standard A2.09** (lacked evidence the program director provided effective leadership and management),
- **Standard A2.10** (lacked evidence the program director was knowledgeable about and responsible for the accreditation process),
- **Standard A2.11d** (lacked evidence the program director was knowledgeable about and responsible for continuous review and analysis),
- **Standards A3.07b and i** (lacked evidence requirements for prior education or work experience and first time PANCE pass rates for the five most recent graduating classes were defined, published and readily available to prospective and enrolled students),

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- **Standards C1.01a, c-g** (lacked evidence the program collected and analyzed a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) graduate evaluations of curriculum and program effectiveness, f) preceptor evaluations of student performance and suggestions for curriculum improvement and g) graduate performance on the PANCE),
- **Standard C1.02** (lacked evidence the program applied the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standards C2.01a, b1, b3-b7, c-e** (lacked evidence the self-study report documented
 - a) the program's process of ongoing self-assessment,
 - b1) student attrition, deceleration, and remediation,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement, b7) the most recent five-year first time and aggregate graduate performance on the PANCE,
 - c) self-identified program strengths and areas in need of improvement,
 - d) modifications that occurred as a result of self-assessment and
 - e) plans for addressing areas needing improvement),
- **Standard C4.01** (lacked evidence the program defined and maintained consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences).

The program appealed the commission's decision. The appeal panel reversed its adverse action and awarded Accreditation-Continued; Next Comprehensive Evaluation: September 2008.

September 2004

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

- **Standard B1.3** (provided evidence of written learning goals required for successful completion of the program),
- **Standard B1.4** (provided evidence of clearly written course syllabi that includes measurable instructional objectives and expected student competencies for each clinical course),
- **Standard B6.3** (provided evidence that clinical experiences were provided in a long-term care setting),
- **Standards C2.2d-g** (provided evidence that the self-study report included critical analysis of d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

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- **Standard C5.4** (provided evidence that student progress was monitored in a way that deficiencies are promptly identified and a means for correction established) and
- **Standard C6.3** (provided evidence that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives). No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2007.

Report due July 15, 2004 (*Standards*, 2nd edition) -

- **Standard B1.3** (lacked evidence of written learning goals required for successful completion of the program),
- **Standard B1.4** (lacked evidence of clearly written course syllabi that includes measurable instructional objectives and expected student competencies for each clinical course),
- **Standard B6.3** (lacked evidence that clinical experiences were provided in a long-term care setting),
- **Standards C2.2d-g** (lacked evidence that the self-study report included critical analysis of d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C5.4** (lacked evidence that student progress was monitored in a way that deficiencies are promptly identified and a means for correction established) and
- **Standard C6.3** (lacked evidence that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

September 2003

Report Due (Personnel Change): Permanent program director to start on July 1, 2003.

March 2003

Personnel Change: Interim program director appointed July 2002. Program indicated it was actively recruiting two additional faculty and a program director.

September 2002

Program Correspondence: The program requested and was granted postponing the site evaluation from January 2003 to January 2004.

March 2001

Program Change: Plan develop an entry level emergency medicine track within the program, with a separate admissions process. The commission **did not acknowledge** and **did not approve** the program change (lacked evidence of being a single program).

September 2000

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The commission **accepted the report** addressing 1st edition

- **Standards I B 1 d, e** (provided evidence of sufficient clerical support staff and sufficient support for faculty),
- **Standard I C 2** (provided evidence of a summary evaluation of each student conducted prior to program completion),
- **Standard I C 3 a** (provided evidence of documentation in student or program files that students have completed health screening),
- **Standard I E** (provided evidence of a well-developed continuous system of formal self-evaluation for systemically reviewing the effectiveness of the program),
- **Standard I E 1 c** (provided evidence of conduct of timely surveys of graduates and employers),
- **Standard II B 2 a** (provided evidence that students are given a clear description of program objectives, learning goals, and competencies required for successful completion of each course),
- **Standard II B 2 b** (provided evidence that evaluations of students are made in a manner that assesses defined competencies and learning objectives), and
- **Standard II B 2 d** (provided evidence that instructional faculty and preceptors are oriented to their role). No further information requested.

Program's request to increase its class size by 25 percent was **approved**.

March 2000

Accreditation-Continued; Next Comprehensive Evaluation: March 2003. The program request for additional students will be considered in September 2000.

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

- **Standards I B 1 d, e** (lacked evidence of sufficient clerical support staff and sufficient support for faculty),
- **Standard I C 2** (lacked evidence of a summary evaluation of each student conducted prior to program completion),
- **Standard I C 3 a** (lacked evidence of documentation in student or program files that students have completed health screening),
- **Standard I E** (lacked evidence of a well-developed continuous system of formal self-evaluation for systemically reviewing the effectiveness of the program),
- **Standard I E 1 c** (lacked evidence of conduct of timely surveys of graduates and employers),
- **Standard II B 2 a** (lacked evidence that students are given a clear description of program objectives, learning goals, and competencies required for successful completion of each course),
- **Standard II B 2 b** (lacked evidence that evaluations of students are made in a manner that assesses defined competencies and learning objectives), and
- **Standard II B 2 d** (lacked evidence that instructional faculty and preceptors are oriented to their role).