

## University of Maryland Eastern Shore Accreditation History

First accredited: March 2020  
Next review: March 2035  
Maximum class size: 30  
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### March 2025 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. The commission noted 0 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: March 2035. Maximum class size: 30.

### 2024 March

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 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). Maximum class size: 30.

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

- **Standard A3.03** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- **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 A3.13c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **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 C1.03** (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)

### March 2021

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

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- Update on changes in response to COVID-19. No further information requested.

### September 2020

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

- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education components of the curriculum parallel the required learning outcomes).

### June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

### March 2020

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

The program is approved for up to 20 students in the first class of students, 25 in the second class and 30 in the third class.

Report due May 15, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education components of the curriculum parallel the required learning outcomes).

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The program was accredited from March 2001 through September 2015.

### September 2015

Adverse Action-Accreditation-Withdrawn. Action based on noncompliance with *Standards*, 4<sup>th</sup> edition. The program did not appeal the commission's decision. The program voluntarily withdrew from the accreditation process.

- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences [SCPEs]),
- **Standards A1.03a, 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),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.02b** (lacked evidence the program has at least three FTE principal faculty positions),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),

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- **Standards A2.05g-h** (lacked evidence principal faculty actively participate in the processes of g) evaluating curriculum and h) evaluating the program),
- **Standard A2.13b** (lacked evidence instructional faculty are effective in teaching assigned subjects),
- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and SCPEs to acquire the knowledge and competence required for entry into the profession),
- **Standard A2.16** (lacked evidence all instructional faculty serving as SCPE preceptors hold a valid license),
- **Standards A3.19b, d, f** (lacked evidence that student files include documentation b) that the student has met institution and program health screening and immunization requirements, d) of remediation efforts and outcomes and f) that the student has met requirements for program completion),
- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard B1.01** (lacked evidence the curriculum is consistent with the mission and goals of the program),
- **Standard B1.02** (lacked evidence the curriculum includes core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care),
- **Standard B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.04** (lacked evidence the curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),
- **Standard B1.06** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients from diverse populations),
- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B1.10** (lacked evidence the program orients instructional faculty to the specific learning outcomes it requires of students),
- **Standard B2.10** (lacked evidence the program curriculum includes instructional objectives to prepare students to interpret and evaluate medical literature),
- **Standards B3.03a-d** (lacked evidence of program defined expectations for sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- **Standards B3.04c-d** (lacked evidence of SCPEs occurring in inpatient settings and operating rooms),
- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07e** (lacked evidence of SCPEs with preceptors practicing in ob/gyn),

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- **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 C2.01a-f** (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement),
- **Standard C3.01** (lacked evidence the program conducts frequent evaluations of students related to learning outcomes for the supervised clinical education components)
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation),
- **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),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

### March 2015

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

- Corrected ob/gyn SCPEs in Program Management Portal and
- Updated the website with success in achieving goals. No further information requested.

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

- **Standard A1.03b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff),
- **Standard A2.02b** (provided evidence the program has two FTE principal faculty positions filled by PA faculty who currently are NCCPA-certified) and
- **Standards B3.07e-f** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in e) ob/gyn and f) behavioral and mental health).

Additional information (correct ob/gyn SCPEs in Program Management Portal and update success in achieving goals) due April 15, 2015.

### November 2014

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2015. Maximum class size: 35. The program did not appeal the commission's decision. Program remains on Administrative Probation. The commission **did not accept the report** addressing 4<sup>th</sup> edition -

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- **Standard A2.02a** (lacked evidence the program director is assigned to the program on a 12-month full-time basis with at least 80 percent of that time devoted to academic and administrative responsibilities in support of the program),
- **Standard A2.02b** (lacked evidence the program has two FTE principal faculty positions filled by PA faculty who currently are NCCPA-certified),
- **Standard A2.07** (lacked evidence the program director is not the medical director),
- **Standard A3.14a** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the program's ARC-PA accreditation status) and
- **Standard E1.09d** (lacked evidence of an acceptable reason for exceeding the ARC-PA approved maximum entering class size of 35).
- PANCE performance analysis.

Report due December 5, 2014 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.03b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff),
- **Standard A2.02b** (lacked evidence the program has two FTE principal faculty positions filled by PA faculty who currently are NCCPA-certified),
- **Standards B3.07e-f** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in e) ob/gyn and f) behavioral and mental health) and
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

### September 2014

The program's PANCE pass rate percentage was 73% for its 2013 cohort. The program did not submit the required analysis of PANCE performance by July 1, 2014. Program placed on Accreditation-Administrative Probation until such time as the report has been submitted, reviewed and accepted by the commission.

The Program Management Portal was reviewed. Report due October 2, 2014 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.02a** (lacked evidence the program director is assigned to the program on a 12-month full-time basis with at least 80 percent of that time devoted to academic and administrative responsibilities in support of the program),
- **Standard A2.02b** (lacked evidence the program has two FTE principal faculty positions filled by PA faculty who currently are NCCPA-certified),
- **Standard A2.07** (lacked evidence the program director is not the medical director),
- **Standard A3.14a** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the program's ARC-PA accreditation status) and
- **Standard E1.09d** (lacked evidence of an acceptable reason for exceeding the ARC-PA approved maximum entering class size of 35).

### September 2013

Program change: Proposed change from baccalaureate to a master curriculum, effective August 26, 2013. The commission **acknowledged the proposed change**. No further information requested.

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### September 2012

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

- Clarified and updated information on the website.
- Details of orientation provided instructional faculty. No further information requested.

### March 2012

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

- **Standard A3.14b** (provided some evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard B1.10** (provided some evidence the program orients instructional faculty to the specific learning outcomes it requires of students) 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).

Additional information (clarify/update information on the website and further details of orientation provided instructional faculty) due July 1, 2012.

### September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum student capacity: 70.

Report due December 31, 2011 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard B1.10** (lacked evidence the program orients instructional faculty to the specific learning outcomes it requires of students) 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).

Report due July 1, 2012 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.03b** (lacked evidence of program defined requirements with patients seeking women's health) and
- **Standard B3.04b** (lacked evidence of supervised clinical practice experiences [SCPEs] occurring in emergency departments).

Reports due December 31, 2012, 2013 and 2014

- NCCPA PANCE report obtained from NCCPA.

### September 2010

The commission discussed the special visit report. Concerns will be reviewed during the next comprehensive review in September 2011. No further information requested.

### March 2010

The commission **did not accept the reports** addressing 3<sup>rd</sup> edition

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- **Standard A1.07b** (lacked evidence the sponsoring institution assures the program has the human resources needed to operate the program),
- **Standard A2.02** (lacked evidence the program has sufficient faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.03** (lacked evidence of sufficient core faculty to meet the academic needs of enrolled students) and
- **Standards C2.01b2, c, e** (lacked evidence the self-study report documents b2) outcome data and critical analysis of factual attrition, c) self-identified program strengths and areas in need of improvement, e) plans for addressing areas needing improvement).
- The program budget, student numbers, faculty providing instruction, the number of graduates and PANCE pass rate.

Focused visit scheduled.

### September 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum student capacity: 70.

Report due December 31, 2009 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A1.07b** (lacked evidence the sponsoring institution assures the program has the human resources needed to operate the program),
- **Standard A2.02** (lacked evidence the program has sufficient faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.03** (lacked evidence of sufficient core faculty to meet the academic needs of enrolled students) and
- **Standards C2.01b2, c, e** (lacked evidence the self-study report documents b2) outcome data and critical analysis of factual attrition, c) self-identified program strengths and areas in need of improvement, e) plans for addressing areas needing improvement).

Further information requested on the program budget, student numbers, faculty providing instruction, the number of graduates and PANCE pass rate.

### March 2006

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

- **Standards B3.1a-c** (provided evidence the program provides instruction in a) personality development, b) child development and c) normative responses to stress),
- **Standards C4.1b, d-e** (provided evidence the self-study reports document b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement). No further information requested.

### September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum student capacity: 75.

Report due January 13, 2006 (*Standards*, 2<sup>nd</sup> edition) -

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- **Standards B3.1a-c** (lacked evidence the program provides instruction in a) personality development, b) child development and c) normative responses to stress),
- **Standards C4.1b, d-e** (lacked evidence the self-study reports document b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement).

### March 2004

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

- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard A5.3b** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),
- **Standard B1.2** (provided evidence the curriculum design reflects learning experiences and sequencing that enables students to develop the clinical competence necessary for practice),
- **Standards C2.2a-c** (provided evidence critical analysis of outcome data is incorporated in the self-study reports and includes a) student attrition, deceleration and remediation, b) faculty attrition and c) student failure rates in individual courses and rotations) and
- **Standards C4.1b, d and f** (provided evidence the self-study reports document b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and f) response to the last accreditation citations). No further information requested.

### September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum student capacity: 75.

Report due January 15, 2004 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A5.1** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard A5.3b** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),
- **Standard B1.2** (lacked evidence the curriculum design reflects learning experiences and sequencing that enables students to develop the clinical competence necessary for practice),
- **Standards C2.2a-c** (lacked evidence critical analysis of outcome data is incorporated in the self-study reports and includes a) student attrition, deceleration and remediation, b) faculty attrition and c) student failure rates in individual courses and rotations) and
- **Standards C4.1b, d and f** (lacked evidence the self-study reports document b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and f) response to the last accreditation citations).

### September 2002

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

- Job description for shared clinical coordinator. No further information requested.



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### March 2002

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

- Employment of PA faculty scheduled to start January 2002.

Additional information (job description for shared clinical coordinator) due July 2002.

### September-December 2001

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

- **Standard I D 1 a** (provided evidence the published admission information reflect the program offered, specifically detailing the contact hours necessary for the professional component of the program).

Additional information (employment of PA faculty scheduled to start January 2002) due for March 2002 meeting.

### March 2001

Accreditation-Provisional; Next Comprehensive Evaluation: September 2003. Maximum student capacity: 75.

Report due August 1, 2001 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I D 1 a** (lacked evidence the published admission information reflect the program offered, specifically detailing the contact hours necessary for the professional component of the program).