

**Lewis Katz School of Medicine at Temple University Physician Assistant Program
Accreditation History**

First accredited: March 2016
Next review: June 2030
Maximum class size: 35
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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 **accepted the report**. No further information requested.

March 2024

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

- Rationale and documentation for the changes and how these changes "benefit the structure and educational aspects of the program" and a more specific budget for FY23 and FY24 outlining the categories under the operational budget.

No additional information required.

June 2023

Program Change: Change in program fiscal support. The commission **reviewed and requested more information for the program's proposed change**. Additional information (rationale and documentation for the changes and how these changes "benefit the structure and educational aspects of the program" and a more specific budget for FY23 and FY24 outlining the categories under the operational budget) due by October 1, 2023.

March 2023

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

- Current version of the women's health preceptor evaluation and / or other relevant evaluation to verify the program has the means to document assessment of each student in a manner that allows the program to identify and address any student deficiencies in a timely manner.

No additional information required.

The commission **reviewed and more information requested** the report addressing:

- **Standard B4.01b** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to align with what is expected and taught)

Additional information (current version of the women's health preceptor evaluation and / or other relevant evaluation to verify the program has the means to document assessment of each student in a manner that allows the program to identify and address any student deficiencies in a timely manner) due December 15, 2022.

June 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: June 2030. Maximum class size: 35.

Report due August 8, 2022 (*Standards*, 5th edition):

- **Standard B4.01b** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and

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instructional objectives for both didactic and supervised clinical practice experience components to align with what is expected and taught)

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):

- **Standard C1.01d** (lacked evidence program defined its ongoing self-assessment process designed to document program effectiveness and foster program improvement, to include preparation of graduates to achieve the program define competencies)
- **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.

The commission **reviewed and more information requested** the report addressing 5th edition

- **Standard B4.01a** (provided evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to align with what is expected and taught)
- **Standard B4.01b** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to allow the program to identify and address any student deficiencies in a timely manner)

Additional information (narrative describing how program addresses student deficiencies in a timely manner, SCPE program expected learning outcomes) due August 8, 2022.

June 2021

The commission **reviewed and more information requested** from the report addressing 5th edition

- **Standards B4.01a and b** (lacked evidence a) learning outcomes for students in supervised clinical practice experiences [SCPEs] for patients seeking a) medical care across the life span and b) women's health align with what is expected and taught and b) the evaluation of students allows the program to identify and address any student deficiencies in a timely manner). Report due March 15, 2022.

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report and Program Management Portal updated. No further information requested.

March 2021

The commission **reviewed and more information requested** from the report addressing 5th edition

- **Standards B4.01a and b** (lacked evidence a) learning outcomes for students in supervised clinical practice experiences [SCPEs] for patients seeking a) medical care across the life span and b) women's health align with what is expected and taught and b) the evaluation of students allows the program to identify and address any student deficiencies in a timely manner). Report

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due May 3, 2021.

June 2020 (following Final Provisional review)

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the June 2022 commission meeting. The maximum approved class size remains 35.

Report due November 1, 2020 (*Standards*, 4th edition) -

- ***Standards B3.03a and b*** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] for patients seeking a) medical care across the life span and b) women's health) and
- ***Standard C3.01*** (lacked evidence the evaluation of students related to the supervised clinical education components of the curriculum parallels the program's required learning outcomes).

Report due January 3, 2022 (*Standards*, 4th edition):

- ***Standards C2.01b-f*** modified self-study report (mSSR) (lacked evidence of a self-study report that documents 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).

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):

- ***Standard A3.14f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)
- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA)

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

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

September 2019

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

- ***Standards B3.03a and c*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, and c) surgical management) and
- ***Standard C1.01*** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement). No further information requested.

June 2019

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

- Updated NCCPA Pass Rate Summary Report on the website. No further information requested.

March 2019

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

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- Updated accreditation status on the website. No further information requested.

September 2018 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2020 (Final Provisional). The program's maximum class size remains 35 for the third class.

Reports due November 15, 2018

- Update website with accreditation status.

Due March 1, 2019

- Update website with NCCPA Pass Rate Summary Report.

Due April 1, 2019 (*Standards*, 4th edition) -

- **Standards B3.03a and c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, and c) surgical management) and
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

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):

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection and program assessment)
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students)
- **Standard C2.01a-f** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment to include 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, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

March 2017

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

- CVs and job description for faculty and staff hired. No further information requested.

September 2016

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

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- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students).

Additional information (CVs and job description for faculty and staff hired) due January 9, 2017.

March 2016

Accreditation-Provisional; Next Comprehensive Evaluation: September 2018 (Provisional Monitoring).

The program is approved for up to 20 students in the first class, 35 students in the second class and 50 in the third class.

Report due May 1, 2016 (*Standards*, 4th edition) -

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students).

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):

- **Standard B1.09** (lacked evidence that for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies)

Accreditation initially deferred; report addressing the hiring of faculty requested. The commission accepted the report and the program was granted provisional accreditation as noted above.