University of Wisconsin-Madison
Accreditation History

First accredited: March 1997
Next review: March 2033
Maximum class size: 73: Madison (main): 47; Wausau (DC): 12; Platteville (DC): 14

<u>September 2025</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 11 areas of noncompliance with the *Standards* and 2 new observations by the commission.
Next Comprehensive Evaluation: October 2035. Maximum class size: 73: Madison (main): 47; Wausau (DC): 12; Platteville (DC): 14
Report due February 9, 2026 (*Standards*, 5th 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)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B4.01a*** (lacked evidence the 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 and that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence the 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 and that allow the program to identify and address any student deficiencies in a timely manner)

Report due November 1, 2027 (*Standards*, 5th edition) modified self-study report:

- ***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)

No report due (program provided evidence which meets the requirements for the *Standards*, 6th edition):

- ***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 B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Commission observation response due February 9, 2026 (Standards, 5th edition):

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

<u>September 2023</u>

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)

No additional information requested.

<u>August 2023</u>

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2023. Administrative-Probation removed post receipt of fee.

<u>July 2023</u>

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2023.

<u>March 2023</u>

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

- clinical sites and preceptors in sufficient numbers to allow all current and planned clinical year students at the proposed distant campus to meet the program's learning outcomes for SCPEs

and **Approved** the proposed change to establish a distant campus in Platteville, WI

Report due May 15, 2023 (*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)

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

- ***Standard A3.12c*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal, no later than April first each year)
- ***Standard A3.12f*** (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)

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 **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal/website. No further information requested.

<u>September 2022</u>
Program Change: Expansion to a distant campus. The commission **deferred its decision** regarding the expansion to a distant campus and requested additional information (evidence the program has secured clinical sites and preceptors in sufficient numbers to allow all current and planned clinical year students at the proposed distant campus to meet the program's learning outcomes for SCPEs) due December 16, 2022.

Report due November 28, 2022:

- Update PANCE data in Program Management Portal and publish Attrition Table on program website

<u>June 2022</u>
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.

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

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

<u>September 2015</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 59. The commission noted zero areas of noncompliance with the *Standards*.

<u>March 2012</u>

Program Change: Change in maximum student capacity (74 to 118), effective May 2015. The commission **acknowledged the proposed change**. No further information requested.

September 2010
The commission **accepted the report** addressing 3rd edition

- ***Standard B4.02a*** (provided evidence the program provides instruction in normal psychological development of pediatric, adult and geriatric patients),
- ***Standard B6.01d*** (provided evidence the program provides instruction in quality assurance and risk management in medical practice),
- ***Standard B6.03i*** (provided evidence the program provides instruction in credentialing) and
- ***Standard C3.06*** (provided evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice). No further information requested.

March 2010
Program Change: Change in degree (baccalaureate to master's), effective May 24, 2010. The commission **acknowledged the proposed change**. No further information requested.

September 2009
Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 74.
Report due June 30, 2010 (*Standards*, 3rd edition) -

- ***Standard B4.02a*** (lacked evidence the program provides instruction in normal psychological development of pediatric, adult and geriatric patients),
- ***Standard B6.01d*** (lacked evidence the program provides instruction in quality assurance and risk management in medical practice),
- ***Standard B6.03i*** (lacked evidence the program provides instruction in credentialing) and
- ***Standard C3.06*** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).

September 2003
The commission **accepted the report** addressing 2nd edition

- ***Standard B1.4*** (provided evidence of course objectives for didactic courses). No further information requested.

September 2002
Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 64.
Report due July 15, 2003 (*Standards*, 2nd edition) -

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- ***Standard B1.4*** (lacked evidence of course objectives for didactic courses).

March 1999
The commission **accepted the report** providing evidence of

- The Self-Study Report. No further information requested.

March 1997
Accreditation-Provisional; Next Comprehensive Evaluation: March 2002.
Report due in February 1, 1999 (Self-Study Report).

NOTE: The ARC-PA commission action information available begins in March 1997. Information from initial accreditation in 1977 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.