

## Boston University School of Medicine Accreditation History

First accredited: September 2013

Next review: September 2028

Maximum class size: 36

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### September 2022

Program Change: Change in graduation requirements (change in credits from 107 to 115.5) and change in program length (increase in months from 28 to 30), effective August 2023. The commission **approved the program's proposed changes**. No further information requested.

### March 2021

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

- Follow-up for the class of 2020 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

### September 2020

Accreditation-Continued; Next Comprehensive Evaluation: September 2028. Maximum class size: 36. The commission noted zero areas of noncompliance with the *Standards*.

### 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 November 1, 2020.

### March 2020

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

- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes),
- **Standards B3.03a-c** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and c) surgical management) and
- **Standard B3.06b** (provided evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction).

### June 2019

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

- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- **Standard A3.15c** (provided evidence the program defines, publishes and makes readily available to prospective students policies and procedures concerning awarding or granting advanced placement),
- **Standards A3.18a-c** (provided evidence programs granting advanced placement document within each student's file that those students receiving advanced placement have a) met

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program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),

- **Standard A3.19a** (provided evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded),
- **Standard B1.05** (provided evidence the curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in social and behavioral sciences related to response to illness, injury and stress)
- **Standard B2.16** (provided evidence the program curriculum includes instruction in medical ethics),
- **Standard B3.03d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking behavioral and mental health conditions) 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).

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes) and
- **Standards B3.03a-c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and c) surgical management).

Additional report due October 14, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes),
- **Standards B3.03a-c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and c) surgical management) and
- **Standard B3.06b** (lacked evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction).

September 2018 (following Final Provisional review)

Adverse Action- Accreditation-Probation. A focused probation site visit will occur in advance of the September 2020 commission meeting. The program is approved to accept up to 36 students per class.

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The program appealed the commission's decision. The Reconsideration Review Panel upheld the decision.

Report due March 30, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- **Standard A3.15c** (lacked evidence the program defines, publishes and makes readily available to prospective students policies and procedures concerning awarding or granting advanced placement),
- **Standards A3.18a-c** (lacked evidence programs granting advanced placement document within each student's file that those students receiving advanced placement have a) met program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- **Standard A3.19a** (lacked evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded),
- **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in social and behavioral sciences related to response to illness, injury and stress)
- **Standard B2.16** (lacked evidence the program curriculum includes instruction in medical ethics),
- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes),
- **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) 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).

Due April 10, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-e**, full Self-Study Report (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 and e) self-identified program strengths and areas in need of improvement)

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

- **Standard B1.06** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients from diverse populations)

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- **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 2017

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

- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license) and
- **Standard B3.06a** (provided evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction). No further information requested.

### September 2016 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2018 (Final Provisional). The program's maximum class size remains 36 for the third class.

Report due January 27, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.16** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license) and
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences with physicians 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):

- **Standard A3.19b** (lacked evidence student files kept by the program include documentation that the student has met institution and program health screening and immunization requirements)
- **Standard A3.19c** (lacked evidence student files kept by the program include documentation of student performance while enrolled)
- **Standard A3.20** (lacked evidence PA students do not have access to the academic records or other confidential information of other students or faculty)

### September 2013

Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Provisional Monitoring).

The program is approved for up to 28 students in the first class of students, 36 in the second class and 36 in the third class.

**No report due** (*Standards*, 4<sup>th</sup> edition) -

- **Standard B2.08** (lacked evidence at the time of the site visit that the program curriculum included instruction in social and behavioral sciences in the areas of human sexuality and issues of death, dying and loss; corrected subsequent to the visit),
- **Standard B2.11** (lacked evidence at the time of the site visit that the program curriculum included instruction in health care delivery systems and health policy; corrected subsequent to the visit),
- **Standard B2.13** (lacked evidence at the time of the site visit that the program curriculum included instruction in prevention of medical errors; corrected subsequent to the visit), and

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- **Standard B2.15** (lacked evidence at the time of the site visit that the program curriculum included instruction regarding reimbursement, documentation of care, coding and billing; corrected subsequent to the visit).