

San Juan Bautista School of Medicine Accreditation History

First accredited: September 2020

Next review: N/A

Maximum class size: 35/35/45

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September 2024

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept** the report. No further information requested.

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 **did not accept** the report. No further information requested.

Report due December 1, 2024:

- Update PANCE pass rate data in the Program Management Portal and the attrition table on the program website

September 2023

Adverse Action-Accreditation-Withdrawn; The program requested reconsideration of the commission's action. The action was upheld. The program requested formal appeal of the commission's action. The action was upheld. The program will remain on probation as it teaches out students in the classes of 2024-2025.

Quarterly teach-out reports due October 1, 2024; January 1, 2025; April 1, 2025; June 30, 2025
(Standards, 5th edition):

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.03a** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for maintenance of certification and licensure)
- **Standard A2.01** (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.07a** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students based on current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard A3.12b** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with

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physicians who are specialty board certified in their area of instruction)

- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard B4.03a** (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 meets the program competencies required to enter clinical practice, including clinical and technical skills)
- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)
- **Standard E1.05** (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)

March 2023

The commission **did not accept** the report addressing

- copies of the program's documented clinical site evaluations and a list of all currently active emergency medicine clinical sites

No further information requested at this time as this will be addressed at the probation site visit.

The commission **did not accept** the update of the Program Management Portal

Report due May 1, 2023:

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- Correct program website link, regional accreditation next review date and SCPE tab of Program Management Portal.

September 2022

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

- how remediation efforts and outcomes are documented in the student record

No further information requested.

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

- **Standard A2.16a** (provided evidence the program verifies and documents that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site)
- **Standard B3.01** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.04a** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)

Additional information (update and maintain Portal Management Portal [E1.03]) due October 28, 2022 and (copies of the program's documented clinical site evaluations and a list of all currently active emergency medicine clinical sites) due November 28, 2022.

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

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

March 2022

The commission reviewed the findings of the focused site visit.

Report due May 6, 2022:

- Update the Program Management Portal to provide evidence that all emergency medicine SCPEs occur in the emergency department setting

Report due June 1, 2022 (*Standards*, 5th edition):

- **Standard A2.16a** (lacked evidence the program verifies and documents that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.04a** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)

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

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

No report due (the standard was rescinded effective March 2022):

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- **Standard A2.16b** (lacked evidence the program verifies and documents that all instructional faculty actively serving as supervised clinical practice experience preceptors hold valid certification that allows them to practice in their area of instruction)

The commission **reviewed and more information requested** of the reports addressing 5th edition:

- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.04** (provided evidence the sponsoring institution provides academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution)
- **Standard A2.12** (provided evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A2.14** (provided evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- **Standard A2.18a** (provided evidence administrative support for the program is at least a 1.0 FTE position dedicated exclusively to the program)
- **Standard A3.17b** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- **Standard A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation of remediation efforts and outcomes)
- **Standard C2.01a** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Additional information (update and maintain Portal Management Portal [E1.03]) due May 6, 2022 and (description of how remediation efforts and outcomes are documented in the student record) June 1, 2022.

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September 2021

Adverse Action-Accreditation-Probation; An initial focused visit will occur in advance of the March 2022 commission meeting and a probation visit will occur in conjunction with the provisional monitoring visit in advance of the September 2023 commission meeting. The program's maximum class size remains 35. The program did not appeal the commission's decision.

Report due November 18, 2021 (*Standards*, 5th edition):

- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.04** (lacked evidence the sponsoring institution provides academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution)
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A2.14** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- **Standard A2.18a** (lacked evidence administrative support for the program is at least a 1.0 FTE position dedicated exclusively to the program)
- **Standard A3.17b** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- **Standard A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation of remediation efforts and outcomes)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due December 9, 2021 (*Standards*, 5th edition):

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- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

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

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)
- **Standard E1.04** (lacked evidence the program informs the ARC-PA in writing, using forms and processes developed by the ARC-PA, of personnel changes in its positions of program director (or interim), medical director (or interim), or principal faculty within 30 days of the date of the effective change and includes a detailed plan and timeline to fill those positions)

March 2021

The commission **accepted the report** addressing 5th edition

- **Standard A2.11b** (provided evidence the medical director is certified by an ABMS- or AOA-approved specialty board) and
- **Standard A3.13e** (provided evidence the program makes readily available to prospective students technical standards for enrollment). No further information requested.

September 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 35 students in the first class of students, 35 in the second class and 45 in the third class.

Report due November 15, 2020 (*Standards*, 5th edition)

- **Standard A2.06a** (*4th edition*) (lacked evidence the program director holds current NCCPA certification; no report due as NCCPA certification status of PA-C Emeritus satisfies 5th edition standard A2.06c)
- **Standard A2.11b** (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board) and
- **Standard A3.13e** (lacked evidence the program makes readily available to prospective students technical standards for enrollment).