

Medical University of South Carolina Accreditation History

First accredited: October 1995

Next review: January 2033

Maximum class size: 97

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January 2026

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

- revised and resubmitted modified self-study report

While no further information is requested at this time, the ARC-PA will pay special attention to the areas described in the report during the next validation review in 2033.

The number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

June 2025

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

- How the program makes admission decisions in accordance with the published practices of the institution and program for selection of applicants after the interview process is completed to compose a class of 70% in state students and 30% out of state students

No further information requested.

March 2025

The commission **did not accept** the report addressing 5th edition

- **Standard C1.03** modified self-study report (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)

Additional information (revised and resubmitted modified self-study report) due August 1, 2025.

The program received a Warning Letter regarding its ability to accurately and succinctly document its self-assessment process.

September 2024

The commission **reviewed and more information requested** of the report providing evidence of

- how the program makes admission decisions in accordance with the published practices of the institution and program for selection of applicants after the interview process is completed to compose a class of 70% in state students and 30% out of state students

Additional information (how the program makes admission decisions in accordance with the published practices of the institution and program, weblink URL to the program's published admission criteria, and all admission rubric(s) used by the program to screen and select candidates for admission for both pre-interview and post-interview) due November 18, 2024.

June 2024

The commission **reviewed and more information requested** of the report providing evidence of

- How the institution demonstrates its responsibility to support the program faculty in application and documentation of program assessment, how the program makes admission decisions for matriculation into the program (not just pre-interview) in accordance with published practices, description of the "clinical procedure" shown with the other Clinical and Technical Procedures (PES 9) in the Women's Health Supervised Clinical Practice Experience excerpt, and description

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of how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner

Additional information (how the program makes admission decisions in accordance with the published practices of the institution and program for selection of applicants after the interview process is completed to compose a class of 70% in state students and 30% out of state students) due April 24, 2024.

September 2023

The commission **reviewed and more information requested** of the report addressing 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 A3.13a** (provided evidence the 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 A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B4.01a** (lacked evidence that 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 that align with what is expected and taught)

Additional information (how the institution demonstrates its responsibility to support the program faculty in application and documentation of program assessment, how the program makes admission decisions for matriculation into the program (not just pre-interview) in accordance with published practices, description of the "clinical procedure" shown with the other Clinical and Technical Procedures (PES 9) in the Women's Health Supervised Clinical Practice Experience excerpt, and description of how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due October 13, 2023.

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

- Updates to the program's website. No further information requested.

March 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 97.

Report due May 15, 2023:

- Update PANCE report on program website

Report due May 15, 2023 (*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)

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- **Standard A3.13a** (lacked evidence the 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 A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B4.01a** (lacked evidence that 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 that align with what is expected and taught)

Report due October 1, 2024 (*Standards*, 5th edition) modified self-study report:

- **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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A3.12b** (lacked evidence the 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 E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2022

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2022

Program Change: Change in credits from 113 to 116, effective January 3, 2022. The commission **approved the program's proposed change**. No additional information requested.

September 2021

Program Change: Change in graduation requirements (113 to 116 credits), effective August 16, 2021. The commission **did not approve** the proposed change.

June 2021

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

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

March 2021

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

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- Changes in response to COVID-19. No further information requested.

Program Change: Change in maximum class size (60 to 97), effective January 1, 2021. The commission **approved the proposed change**. No further information requested.

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

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

September 2020

Program Change: Change in class size (60 to 97), effective May 19, 2021. The commission **approved the proposed change** in maximum entering class size. No further information requested.

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 October 15, 2020.

Program Change: Temporary class size increase in order to accommodate incoming students from another program. The commission **approved the temporary increase** to a maximum entering class size of 97, effective May 22, 2020. No further information requested.

Program Change: Change in class size (60 to 69, effective May 1, 2021; to 78, effective May 1, 2022; to 87, effective May 1, 2023 and to 96, effective May 1, 2024). The commission **did not approve** the proposed change.

March 2020

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.

September 2018

Program Change: Change in graduation requirements (113 to 111 credits), effective August 22, 2018. The commission **acknowledged the proposed change**. No further information requested.

June 2018

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

- A modified Self-Study Report. No further information requested.

March 2018

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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.

July 2017

Program Change: Change in graduation requirements (114 to 113 credits), effective May 2018. The commission **acknowledged the proposed change**. No further information requested.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

March 2016

The commission **did not accept the report** addressing 4th evidence

- **Standards C2.01b and d**, complete Self-Study Report lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

Additional information (modified Self-Study Report using templates provided by the commission) due January 22, 2018.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 60. Report due January 15, 2016 (*Standards*, 4th edition) -

- **Standards C2.01b and d**, complete Self-Study Report lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

March 2014

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

- Updated PANCE data. No further information requested.

September 2013

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

- **Standards A1.03a and c** (provided 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 A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards A3.14b-c** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program's success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),

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- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b and d** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),
- **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) and
- **Standard E1.09e** (provided evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the maximum aggregate student enrollment that resulted in an increase of $\geq 15\%$ in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Additional information (update PANCE pass rate data in the Program Management Portal) due November 1, 2013.

March 2013

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2020. Maximum class size: 60. A focused site visit will occur in advance of the March 2015 commission meeting. The program did not appeal the commission's decision.

Report due June 1, 2013 (*Standards*, 4th edition) - Action plan addressing

- **Standards A1.03a and 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 A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards A3.14b-c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program's success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster 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 C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),
- **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) and

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- **Standard E1.09e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the maximum aggregate student enrollment that resulted in an increase of $\geq 15\%$ in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Due October 1, 2014 (*Standards*, 4th edition) - How standards have been addressed (basis of focused visit)

- **Standards A1.03a and 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 A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards A3.14b-c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program's success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster 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 C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),
- **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) and
- **Standard E1.09e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the maximum aggregate student enrollment that resulted in an increase of $\geq 15\%$ in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

March 2008

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

- **Standard B7.03d** (provided evidence supervised clinical practice experience is provided in long-term care settings),
- **Standard C1.01c** (provided evidence the program collects and analyzes student failure rates in individual courses and rotations) and
- **Standards C2.01b1-3, 6** (provided evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

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September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 180.

Report due January 11, 2008 (*Standards*, 3rd edition) -

- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings),
- **Standard C1.01c** (lacked evidence the program collects and analyzes student failure rates in individual courses and rotations) and
- **Standards C2.01b1-3, 6** (lacked evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2006

The commission **did not accept the report** addressing 2nd edition

- **Standard A2.11** (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B3.1e** (lacked evidence the program provides instruction in sexuality),
- **Standards C2.2a, c, e-g** (lacked evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - c) student failure rates in individual courses and rotations,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standards C4.1a-b and f** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and
- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice). No further information requested.

September 2005

The commission **did not accept the report** addressing 2nd edition

- **Standard A2.11** (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),

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- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B3.1e** (lacked evidence the program provides instruction in sexuality),
- **Standards C2.2a, c, e-g** (lacked evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - c) student failure rates in individual courses and rotations,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standards C4.1a-b and f** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and
- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice).

Report addressing the standards due January 13, 2006.

March 2005

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

- The pediatric syllabus, learning objectives related to sexuality and the identified course(s) that contain each of those objectives and plan for the summative exam. No further information requested.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 180.

Report due January 14, 2005

- Pediatric syllabus, learning objectives related to sexuality and the identified course(s) that contain each of those objectives and plan for the summative exam.

Due August 15, 2005 (*Standards*, 2nd edition) -

- **Standard A2.11** (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B3.1e** (lacked evidence the program provides instruction in sexuality),
- **Standards C2.2a, c, e-g** (lacked evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - c) student failure rates in individual courses and rotations,

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- e) timely surveys of graduates evaluating curriculum and program effectiveness,
- f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
- g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standards C4.1a-b and f** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and
- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice).

March 2004

Program Change: Change in maximum class size (40 to 60). The commission **acknowledged the proposed change**. No further information requested.

September 2003

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

- The program director's CV and tuition and other costs. No further information requested.

March 2003

Program Change: Change in degree awarded (baccalaureate to master's), effective May 2003. The commission acknowledged the proposed change. Additional information (tuition and other costs) due July 15, 2003.

Personnel Change: New program director appointed, effective September 16, 2002. Additional information (CV) requested.

March 2002

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

- Learning objectives. No further information requested.

September 2001

The commission **accepted the report** addressing 1st edition

- **Standard I E 1 c** (provided evidence of interpretation of data related to graduate and employer surveys),
- **Standard I E 3** (provided evidence of critical analysis or issue identification in the self-study report),
- **Standard II B 1 c** (provided evidence instruction in research is sufficient to provide the students with the necessary skills to interpret the medical literature) and
- **Standard II B 2 b** (provided evidence learning objectives in didactic courses are adequate).

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Additional information (learning objectives) due February 1, 2002.

September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2004.

Report due July 15, 2001 (*Standards*, 1st edition) -

- **Standard I E 1 c** (lacked evidence of interpretation of data related to graduate and employer surveys),
- **Standard I E 3** (lacked evidence of critical analysis or issue identification in the self-study report),
- **Standard II B 1 c** (lacked evidence instruction in research is sufficient to provide the students with the necessary skills to interpret the medical literature) and
- **Standard II B 2 b** (lacked evidence learning objectives in didactic courses are adequate).

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1995 by CAAHEP is not available.

The program was previously accredited from November 1973 to June 1983. No further information available.