MGH Institute of Health Professions
Accreditation History

First accredited: September 2014
Next review: June 2021
Maximum class size: 50
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October 2019
Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the June 2021 commission meeting. The program is approved to accept up to 50 students per class. The commission’s decision placing the program on Accreditation-Probation was upheld by the Reconsideration Review Panel.

Report due December 2, 2019 (Standards, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- **Standard B2.14** (lacked evidence the program curriculum includes instruction about PA credentialing),
- **Standard B2.17** (lacked evidence the program curriculum includes instruction about PA professional organizations) and
- **Standards B3.03a-d** (lacked evidence of clearly defined learning outcomes for students in SCPEs and methods to determine all students meet the program’s learning outcomes for patients seeking a) medical care across the life span, b) women’s health, c) care for conditions requiring surgical management and d) care for behavioral and mental health conditions).

Due January 4, 2021 (Standards, 4th edition) -

- **Standards B3.07a and c** (lacked evidence SCPEs occur with preceptors practicing in a) family medicine and c) general surgery).

June 2019 (following Final Provisional review)
Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the June 2021 commission meeting. The program is approved to accept up to 50 students per class.

Report due December 2, 2019 (Standards, 4th edition) -

- **Standard A1.03** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- **Standard B2.14** (lacked evidence the program curriculum includes instruction about PA credentialing),
- **Standard B2.17** (lacked evidence the program curriculum includes instruction about PA professional organizations) and
- **Standards B3.03a-d** (lacked evidence of clearly defined learning outcomes for students in SCPEs and methods to determine all students meet the program’s learning outcomes for patients seeking a) medical care across the life span, b) women’s health, c) care for conditions requiring surgical management and d) care for behavioral and mental health conditions).

Due January 4, 2021 (Standards, 4th edition) -

- **Standards B3.07a and c** (lacked evidence SCPEs occur with preceptors practicing in a) family medicine and c) general surgery).

The program appealed the commission’s decision.

The commission **did not accept the report** providing evidence of

- Learning outcomes for SCPES. Additional information (standard B3.02, learning outcomes for students in SCPEs and methods to determine how each student has met the learning outcomes for preventive, emergent, acute and chronic patient encounters) due December 2, 2019.
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March 2019
The commission did not accept the report providing evidence of
• Learning outcomes for SCPES. Additional information (standard B3.02, learning outcomes for SCPES) due June 20, 2019.

June 2018
The commission accepted the report providing evidence of
• Updated preceptor evaluation form that provides evidence students meet program expectations. Additional information (standard B3.02, learning outcomes for SCPES) due October 3, 2018.

March 2018
The commission did not accept the report addressing 4th edition
• Standard B3.02 (lacked evidence that SCPES enable students to meet program expectations and acquire the competencies needed for clinical PA practice).
Additional information (updated preceptor evaluation form that provides evidence students meet program expectations) due March 30, 2018.

The commission accepted the report addressing 4th edition
• Standard B3.07d (provided evidence of SCPES with preceptors practicing in pediatrics). No further information requested

The commission acknowledged the report providing evidence of
• Updated SCPES in the Portal. No further information requested.

July 2017 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Review: June 2019 (Final Provisional). The approved maximum entering class size remains 50 for the third class.
Report due September 1, 2017
• Update supervised clinical practice experiences (SCPES) in the Program Management Portal.
Due December 1, 2017 (Standards, 4th edition) -
• Standard B3.02 (lacked evidence that SCPES enable students to meet program expectations and acquire the competencies needed for clinical PA practice).
Due June 15, 2018 (Standards, 4th edition) -
• Standard B3.07d (lacked evidence of SCPES with preceptors practicing in pediatrics).

March 2015
The commission accepted the report addressing 4th edition
• Standard A3.17f (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation),
• Standards A3.19d-e (provided evidence that student files include documentation of d) remediation efforts and outcomes and e) summaries of any formal academic/behavioral disciplinary action taken against a student),
• **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),

• **Standard B2.12** (provided evidence the program curriculum includes instruction in disease surveillance, reporting, and intervention),

• **Standard B2.15** (provided evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding, and billing) 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 2014**

Accreditation-Provisional; Next Comprehensive Evaluation: July 2017 (Provisional Monitoring). The program is approved for up to 40 students in the first class of students, 50 in the second class and 50 in the third class.

Report due December 12, 2014 (*Standards, 4th edition*) -

• **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation),

• **Standards A3.19d-e** (lacked evidence that student files include documentation of d) remediation efforts and outcomes and e) summaries of any formal academic/behavioral disciplinary action taken against a student),

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

• **Standard B2.12** (lacked evidence the program curriculum includes instruction in disease surveillance, reporting, and intervention),

• **Standard B2.15** (lacked evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding, and billing) and

• **Standard B3.06a** (lacked evidence of supervised clinical practice experiences (SCPEs) with physicians specialty board certified in their area of instruction).