Boston University School of Medicine
Accreditation History

First accredited: September 2013
Next review: October 2028
Maximum class size: 36

October 2026

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

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for supporting the *program faculty* in effective program self-assessment)
- ***Standard A1.07a*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty)*
- ***Standard A2.09d*** (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis
- ***Standard A2.09f*** (lacked evidence the program director provides program leadership through effective adherence to the Standards and ARC-PA policies)

Additional information (Description of how the sponsoring institution supports program faculty in effective program self-assessment on an ongoing basis, description of how the sponsoring institution determines that the program has sufficient principal faculty to meet the program's academic and administrative needs, description of how the Program Director provides leadership through effective, continuous programmatic review and analysis, and description of how the Program Director develops and maintains the knowledge needed to correctly interpret and apply ARC-PA Standards and policies) due September 2, 2026.

No additional information required for 5th edition:

- ***Standard A1.02a*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)
- ***Standard A3.16d*** (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 only and include documentation of *remediation* efforts and outcomes)

January 2026

Focused Visit; The commission noted 14 areas of noncompliance with the *Standards*. The program received a Warning Letter regarding deficiencies in the program's institutional oversight, program leadership, faculty sufficiency, curricular implementation, and ongoing self-assessment processes.
Report due March 15, 2026:

- Update program's success in achieving goals, PANCE Exam Performance Summary Report (All Test Takers), and Graduation Rate Table on website

Report due June 1, 2026 (*Standards*, 6th edition):

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for supporting the *program faculty* in effective program self-assessment)

- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)
- ***Standard A1.07a*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty)*
- ***Standard A2.09d*** (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis
- ***Standard A2.09f*** (lacked evidence the program director provides program leadership through effective adherence to the Standards and ARC-PA policies)
- ***Standard A3.16d*** (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 only and include documentation of *remediation* efforts and outcomes)

Report due September 1, 2026 (*Standards*, 6th edition):

- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the *instructional objectives* in measurable terms that guide student learning in syllabi or an appendix to the syllabi)
- ***Standard B1.03g*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)
- **Standard B3.05d** (lacked evidence s*upervised clinical practice experiences* support the achievement of *learning outcomes* for *technical skills*)
- **Standard B4.01a** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* 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 to ensure students meet the program's *learning outcomes* 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 December 1, 2026 (*Standards*, 6th edition) modified self-study report:

- **Standard C1.02** (lacked evidence the program documents ongoing self-assessment of the sufficiency of program personnel by collecting data [which will include at a minimum: student, faculty, and staff evaluation of the sufficiency of personnel by type or task; principal faculty and staff full-time equivalents (FTE) filled and vacant with attrition rates; and workload calculation

for each program faculty and staff member], using critical analysis to draw conclusions, and creating self-improvement action plans)

September 2024
Program Change: Change in program fiscal support. The commission **acknowledged the program's proposed change.** No further information requested.

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 4th 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 4th 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 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 4th 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*, 4th 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).

<u>September 2018 (following Final Provisional review)</u>
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. The program appealed the commission's decision. The Reconsideration Review Panel upheld the decision.
Report due March 30, 2019 (*Standards*, 4th 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*, 4th 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)
- ***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 4th 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*, 4th 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*, 4th 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
- ***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).