MCPHS University - Boston
Accreditation History

First accredited: April 2000
Next review: July 2032
Maximum class size: 100

October 2026
The program's PANCE pass rate percentage was 85% or less for its 2025 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

January 2026
The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2024
The commission **accepted** the report addressing 5th edition:

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

June 2024
The commission **accepted the report** providing evidence of

- Revised Family Medicine SCPE expectations and verification the program has a means to determine whether each student has met the learning outcomes and instructional objectives in the FM SCPE by aligning the evaluation with what is expected

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 **accepted the report**. No further information requested.

March 2024
The commission **reviewed and more information requested** of the report providing evidence of

- how the program aligns student assessment with the supervised clinical practice experience learning outcomes and instructional objectives

Additional information (revised Family Medicine SCPE expectations and verification the program has a means to determine whether each student has met the learning outcomes and instructional objectives in the FM SCPE by aligning the evaluation with what is expected) due by February 1, 2024.

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 2023

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

- ***Standard B2.20a*** (provided evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)
- ***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)
- ***Standard B4.01b*** (provided 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 allow the program to identify and address any student deficiencies in a timely manner)

Additional information (how the program aligns student assessment with the supervised clinical practice experience learning outcomes and instructional objectives) due October 1, 2023.

<u>March 2023</u>
The commission **accepted** the report addressing 5th edition

- ***Standard A3.13c*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)

No further information requested.

<u>September 2022</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA Standards. Next Comprehensive Evaluation: September 2032. Maximum class size: 100.
Report due November 15, 2022 (*Standards*, 5th edition):

- ***Standard A3.13c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)

Report due January 30, 2023(*Standards*, 5th edition):

- ***Standard B2.20a*** (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)
- ***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)
- ***Standard B4.01b*** (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 allow the program to identify and address any student deficiencies in a timely manner)

Report due April 30, 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 E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2021

The commission **accepted 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.

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 August 1, 2020.

Program Change: Change in program length (extending clinical phase one month for class of 2020; graduation date changes from May to June), effective May 1, 2020. The commission **acknowledged the proposed change**. No further information requested.

March 2018

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.

March 2017

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.

April 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 September 2019 to September 2022 due to this change.

September 2013

MCPHS University - Boston
Accreditation History

Program Change: Change in class size (75 to 100), effective September 2013. The commission **approved the proposed change** after review of the additional documentation. No further information requested.

Program Change: Change in class size (75 to 100), effective September 2013. The commission **did not approve the class size change**. Additional information requested (institutional support documentation, clarification of staff roles and evidence the program can support the increase).

March 2013
The commission **accepted the report** addressing 4th edition

- ***Standard A3.14c*** (provided evidence of publication of the five-year, first time PANCE pass rate),
- ***Standard C1.01*** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement), and
- ***Standard C2.01b*** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

September 2012
Accreditation-Continued; Next Comprehensive Evaluation: September 2019. Maximum Student Capacity: 225.
Report due December 31, 2012 (*Standards*, 4th edition) -

- ***Standard A3.14c*** (lacked evidence of publication of the five-year, first time PANCE pass rate),
- ***Standard C1.01*** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement), and
- ***Standard C2.01b*** (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

September 2009
The commission **accepted the report** addressing 3rd edition

- ***Standard A3.07g*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- ***Standard A3.13c*** (provided evidence student files include documentation of remediation) and
- ***Standard C3.05*** (provided evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established). No further information requested.

Program Change: Change in maximum student capacity (120 to 225), effective September 2009. The commission **acknowledged the proposed change**. No further information requested.

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 120.
Report due July 10, 2009 (*Standards*, 3rd edition) -

- ***Standard A3.07g*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- ***Standard A3.13c*** (lacked evidence student files include documentation of remediation) and
- ***Standard C3.05*** (lacked evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established).

<u>September 2006</u>
The commission **acknowledged the reports** providing evidence of

- Licensure of the medical director and
- Documentation supporting the program change. No further information requested.

<u>March 2006</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A1.5d*** (provided evidence the sponsoring institution is responsible for appointing faculty),
- ***Standard A2.3*** (provided evidence the program has a designated medical director),
- ***Standard A2.5*** (provided evidence the core program faculty includes a medical director),
- ***Standard A5.8*** (provided evidence the program publishes and makes available to all students policies by which students may work within the program or institution while enrolled in the program),
- ***Standard C1.1*** (provided evidence the program has a formal self-evaluation process) and
- ***Standard C4.1b*** (provided evidence the self-study report documents outcome data analysis).
- Provided evidence of the program's maximum aggregate student capacity and the length of the professional phase and the CV of the newly appointed medical director

Additional information (verification of licensure of medical director) due July 14, 2006.

Program Change: Change in curriculum and GPA requirements, effective August 2006. The commission **acknowledged the proposed change**. Additional information (syllabi, curriculum components) requested by July 14, 2006.

<u>March 2005</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 120.
Report due January 13, 2006 (*Standards*, 2nd edition) -

- ***Standard A1.5d*** (lacked evidence the sponsoring institution is responsible for appointing faculty),
- ***Standard A2.3*** (lacked evidence the program has a designated medical director),
- ***Standard A2.5*** (lacked evidence the core program faculty includes a medical director),
- ***Standard A5.8*** (lacked evidence the program publishes and makes available to all students policies by which students may work within the program or institution while enrolled in the program),
- ***Standard C1.1*** (lacked evidence the program has a formal self-evaluation process) and
- ***Standard C4.1b*** (lacked evidence the self-study report documents outcome data analysis).
- Clarification of the program's maximum aggregate student capacity and the length of the professional phase and the CV of the newly appointed medical director.

March 2004
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.7c***, Core faculty's responsibility for student advising. No further information requested.

September 2003
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.1*** (provided evidence the program has effective leadership),
- ***Standard A2.5*** (provided evidence of a full-time program director who is either a PA or physician),
- ***Standard A2.16*** (provided evidence of sufficient faculty),
- ***Standard A2.23*** (provided evidence of adequate technical and support staff to support the program),
- ***Standard A5.3b*** (provided evidence the program defines, publishes and makes readily available academic costs and credit),
- ***Standard A5.10*** (provided evidence of a policy or statement regarding the use of students for clinical or administrative staff),
- ***Standard A5.17b*** (provided evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- ***Standard B2.2*** (provided evidence of anatomy and physiology in the professional curriculum),
- ***Standard B3.1f*** (provided evidence of death and dying issues in the professional curriculum),
- ***Standard B3.3b*** (provided evidence of normal growth and development in the professional curriculum),
- ***Standard B3.4*** (provided evidence of advanced directive and end-of-life decision making in the professional curriculum)

- ***Standards C2.2a-b, d-f*** (provided evidence in the self-study report of a) critical analysis of student attrition, deceleration and remediation, b) critical analysis of faculty attrition, d) course, faculty and clinical experience evaluations, e) critical analysis of graduate surveys and f) critical analysis of employer surveys),
- ***Standard C4.1b*** (provided evidence in the self-study report of documentation of analysis of outcome data) and
- ***Standard C5.5*** (provided evidence of the conduct of a summative evaluation documenting that students meet the defined program objectives for knowledge, skills and attitudes).

Additional information (standard A2.7c, core faculty's responsibility for student advising) requested by January 15, 2004.

Program Change: Change in maximum student capacity (80 to 120), effective September 2003. The commission **acknowledged the program change**. No further information requested.

<u>March 2003</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2005. Maximum Student Capacity: 80.
Report due July 15, 2003 (*Standards*, 2nd edition) -

- ***Standard A2.1*** (lacked evidence the program has effective leadership),
- ***Standard A2.5*** (lacked evidence of a full-time program director who is either a PA or physician),
- ***Standard A2.16*** (lacked evidence of sufficient faculty),
- ***Standard A2.23*** (lacked evidence of adequate technical and support staff to support the program),
- ***Standard A5.3b*** (lacked evidence the program defines, publishes and makes readily available academic costs and credit),
- ***Standard A5.10*** (lacked evidence of a policy or statement regarding the use of students for clinical or administrative staff),
- ***Standard A5.17b*** (lacked evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- ***Standard B2.2*** (lacked evidence of anatomy and physiology in the professional curriculum),
- ***Standard B3.1f*** (lacked evidence of death and dying issues in the professional curriculum),
- ***Standard B3.3b*** (lacked evidence of normal growth and development in the professional curriculum),
- ***Standard B3.4*** (lacked evidence of advanced directive and end-of-life decision making in the professional curriculum)
- ***Standards C2.2a-b, d-f*** (lacked evidence in the self-study report of a) critical analysis of student attrition, deceleration and remediation, b) critical analysis of faculty attrition, d)

course, faculty and clinical experience evaluations, e) critical analysis of graduate surveys and f) critical analysis of employer surveys),

- ***Standard C4.1b*** (lacked evidence in the self-study report of documentation of analysis of outcome data) and
- ***Standard C5.5*** (lacked evidence of the conduct of a summative evaluation documenting that students meet the defined program objectives for knowledge, skills and attitudes).

<u>September 2000</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 d*** (provided evidence of sufficient clerical and support staff) and
- ***Standard I C 3 a*** (provided evidence of documentation that students have completed a health screening).

<u>March 2000</u>
Accreditation-Provisional; Next Comprehensive Evaluation: March 2003.
Report due July 15, 2000 (*Standards*, 1st edition) –

- ***Standard I B 1 d*** (lacked evidence of sufficient clerical and support staff) and

Standard I C 3 a (lacked evidence of documentation that students have completed a health screening).