Morehouse School of Medicine
Accreditation History

First accredited: September 2018
Next review: October 2033
Maximum class size: 40

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.

July 2026
Focused Visit: The commission noted zero (0) areas of noncompliance with the *Standards* and two (2) commission observations.
Report due September 14, 2026:

- Update success in achieving goals on program website

Commission observation response due July 1, 2027 (*Standards*, 6th edition):

- ***Standard C1.01*** (lacked evidence the program documents ongoing self-assessment of its overall *effectiveness* in operating the program and preparing graduates for clinical practice by collecting data [which at a minimum includes program-defined admissions data; PANCE scores and sub-scores; didactic attrition, clinical attrition, and overall attrition; course grades, didactic and clinical (including exam scores as appropriate); course and instructor evaluations, including clinical sites and preceptors; summative evaluation results; graduate/exiting student evaluation of the program; program-defined measures of effectiveness of the program director, principal faculty, and medical director in their roles outside of teaching; and remediation], using critical analysis to draw conclusions, and creating self-improvement action plans.
- ***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)

January 2026
The commission **did not accept** the report of

- revised and resubmitted modified self-study report.

No additional information due as the program will undergo a Focused Visit on standards A1.02a, A1.02b, A1.02c, A2.09d, A2.09f, C1.01, C1.02, and E1.03 (6th edition) to further evaluate the program's and institution's compliance with the *Standards*.

June 2025
Program Change: Change in program fiscal support. The commission **acknowledged the program's proposed change.** No further information requested.

March 2025
The commission **reviewed and more information requested of** the report addressing 5th edition

- ***Standard C1.03*** modified Self-Study Report (lacked evidence 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 June 30, 2025.

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

- Narrative addressing absence of data for goals and determination that a required course and required components [capstone, community service] is considered a goal of the program, evidence that all program goals have been updated to include actual outcomes data for the most recent graduated class cohort, and the URL where this information is published on the website.

No further information requested.

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.

<u>September 2024</u>
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.

<u>June 2024</u>
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***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 B1.04b*** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- ***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 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 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 (narrative addressing absence of data for goals and determination that a required course and required components [capstone, community service] is considered a goal of the program, evidence that all program goals have been updated to include actual outcomes data for the

most recent graduated class cohort, and the URL where this information is published on the website) due July 12, 2024.

<u>September 2023 (following Final Provisional review)</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2033. The program is approved for a maximum class size of 40.
The program received a Warning Letter regarding the implementation and documentation of a comprehensive program self-assessment process that includes critical analysis, leading to conclusions that identify strengths, areas in need of improvement, and action plans.
Report due December 1, 2023 (*Standards*, 5th edition):

- ***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 B1.04b*** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- ***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 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 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 May 31, 2024 (*Standards*, 5th edition):

- ***Standard C1.03*** modified Self-Study Report (lacked evidence 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 B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students detailed information in syllabi or appendix to the syllabi including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***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 E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA)

June 2023
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 2023
The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2022
The commission **Accepted** the report addressing 5th edition

- ***Standard B2.07b*** (provided evidence the curriculum includes instruction in performing focused physical examinations)
- ***Standard B2.08a*** (provided evidence the curriculum includes instruction in medical care for adults)
- ***Standard B2.17c, e*** (provided evidence the curriculum includes instruction in the c) laws and regulations regarding professional practice and conduct and e) PA relationship with the physician)

No further information required.

September 2021 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: September 2023 (Final Provisional). The maximum approved class size is 40 students per class.
Report due February 15, 2022 (*Standards*, 5th edition) -

- ***Standard B2.07b*** (lacked evidence the curriculum includes instruction in performing focused physical examinations),
- ***Standard B2.08a*** (lacked evidence the curriculum includes instruction in medical care for adults) and

- ***Standard B2.17c, e*** (lacked evidence the curriculum includes instruction in the c) laws and regulations regarding professional practice and conduct and e) PA relationship with the physician).

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

- ***Standard A3.01*** (lacked evidence program policies apply to all students, principal faculty and the program director; corrected subsequent to the visit),
- ***Standard A3.07a*** (lacked evidence the program implements a current policy on immunization of students based on current Centers for Disease Control recommendations for health professionals; corrected subsequent to the visit),
- ***Standard A3.12f*** (lacked evidence the program defines and makes readily available to prospective students estimates of all costs [tuition, fees, etc.] related to the program; corrected subsequent to the visit),
- ***Standard A3.15b*** (lacked evidence the program consistently defines deadlines for progression in and completion of the program to enrolled students; corrected subsequent to the visit),
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of practice; corrected subsequent to the visit),
- ***Standard C1.02c.i-iii*** (lacked evidence the program implements its ongoing self-assessment process by c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans; program will provide evidence at the final provisional accreditation site visit) and
- ***Standard C1.03*** (lacked evidence the program consistently provides documentation of the application and results of ongoing program self-assessment; program will provide evidence at the final provisional accreditation site visit).

March 2021

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

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

September 2020

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

- Updated documentation regarding changes in response to COVID-19. No further information requested.

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.

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

September 2019

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

- ***Standards B3.03a-c*** (provided evidence of methods to determine, after supervised clinical practice experiences, 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). No further information requested.

March 2019

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

- ***Standard A3.10*** (provided evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- ***Standard B1.08*** (provided evidence the program curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- ***Standard B2.02c*** (provided evidence the program curriculum includes instruction in pathophysiology and its application in clinical practice),
- ***Standard B2.14*** (provided evidence the program curriculum includes instruction about PA licensure and credentialing) and
- ***Standard D1.05*** (provided evidence the program has detailed syllabi for each course offered in the program). No further information requested.

September 2018

Accreditation-Provisional; Next Comprehensive Evaluation: September 2021 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 30 in the second class and 40 in the third class.

Report due December 3, 2018 (*Standards*, 4th edition) -

- ***Standard A3.10*** (lacked evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- ***Standard B1.08*** (lacked evidence the program curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- ***Standard B2.02c*** (lacked evidence the program curriculum includes instruction in pathophysiology and its application in clinical practice),
- ***Standard B2.14*** (lacked evidence the program curriculum includes instruction about PA licensure and credentialing) and
- ***Standard D1.05*** (lacked evidence the program has detailed syllabi for each course offered in the program).

Due June 17, 2019 (*Standards*, 4th edition) -

- ***Standards B3.03a-c*** (lacked evidence of methods to determine, after supervised clinical practice experiences, 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).

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

- ***Standard A1.03e*** (lacked evidence the sponsoring institution is responsible for conferring the credential and/or academic degree which documents satisfactory completion of the educational program)
- ***Standard A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in all activities that directly relate to the PA program)
- ***Standard B2.07*** (lacked evidence the program curriculum includes instruction in technical skills and procedures based on current professional practice)
- ***Standard B2.17*** (lacked evidence the program curriculum includes instruction in the PA profession, its historical development and current trends.)
- ***Standard B3.02*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, related to preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03d*** (lacked evidence of methods to determine, after supervised clinical practice experiences, that all students are able to meet the program's learning outcomes with patients seeking care for behavioral and mental health conditions)