CUNY School of Medicine Physician Assistant Program
Accreditation History

First accredited: January 1978
Next review: September 2024
Maximum class size: 45
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September 2018
Accreditation-Administrative Probation Removed.
The commission accepted the program’s report providing evidence of
- Hiring a permanent program director. No further information requested.

June 2018
The commission acknowledged the report providing evidence of
- Website updated with program’s success in achieving it goals. No further information requested.

The commission accepted the report providing evidence of
- The recruitment plan for the permanent program director. Program reminded of quarterly updates.

March 2018
Accreditation-Administrative Probation-One-year appointment of interim program director extended six months (from September 1, 2017 until February 28, 2018). The commission was to be notified as soon as a permanent program director appointed. In March 2018, program requested additional six-month extension. Program placed on Accreditation-Administrative Probation (until such time that the permanent program director position has been filled and the ARC-PA notified). Additional information (detailed recruitment plan to have the permanent program director position filled by September 1, 2018) due March 15, 2018. Program must submit quarterly updates until position filled.

The program website did not identify its success in achieving the stated goals. Additional information (update website) by May 1, 2018.

The commission accepted the report providing evidence of
- The PANCE performance analysis report. No further information requested.

September 2017
Program’s PANCE pass rate percentage was 76% for its 2016 cohort. As pass rate was less than 85%, the program submitted required PANCE performance analysis report. The commission did not accept the report. Additional information (acceptable response) due November 5, 2017.

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 September 2021 to September 2024 due to this change.

March 2016
Program Change: Change in academic degree (baccalaureate to a master’s), effective September 2016. The commission acknowledged the proposed change. No further information requested.
March 2015
The commission accepted the report providing evidence of
- Correcting the program website URL in the Portal. No further information requested.

September 2014
No report due (Standards, 4th edition) -
- **Standard A3.12** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment; corrected subsequent to the visit).
- **Standard A3.14b** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to enrolled and prospective students the program’s success in achieving its goals; corrected subsequent to the visit).
- **Standard A3.14g** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to enrolled and prospective students policies and procedures for refunds of tuition and fees; corrected subsequent to the visit).

Report due September 26, 2014
- Correct website address in Program Management Portal.

September 2012
The commission accepted the report providing evidence of
- Update on achievement of defining and publishing instructional objectives for each didactic and clinical course. No further information requested.

March 2012
The commission accepted the report addressing 4th edition
- **Standard A2.04** (provided evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard B1.08** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **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 B2.13** (provided evidence the program curriculum includes instruction in patient safety and prevention of medical errors),
- **Standards B3.06a-c** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
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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),
- **Standard C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing 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),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Additional information (update on achievement of defining and publishing instructional objectives for each didactic and clinical course) due July 1, 2012.

September 2011
Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A2.16** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **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 B2.13** (lacked evidence the program curriculum includes instruction in patient safety and prevention of medical errors),
- **Standards B3.06a-c** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- **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),
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- **Standard C2.01b** (lacked evidence of a self-study report that documents results of critical analysis from the ongoing 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),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

March 2007
The commission accepted the report addressing 2nd edition
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C4.1f** (provided evidence the self-study report documents response to the last accreditation citations). No further information requested.

September 2006
Report due January 12, 2007 (Standards, 2nd edition) -
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C4.1f** (lacked evidence the self-study report documents response to the last accreditation citations).

March 2004
The commission acknowledged the report providing evidence of
- Budget and an analysis of student failure rates for physiology courses. No further information requested.

Program Change: Change in start/end dates (to coordinate with semesters of the City University of New York academic calendar). The commission acknowledged the proposed change. No further information requested.

September 2003
The commission accepted the report addressing 2nd edition
- **Standard A3.1** (provided evidence of sufficient financial resources to operate an educational program to fulfill obligations to matriculating and enrolled students),
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- **Standards C2.2c and f** (provided evidence the self-study report includes critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standard C5.5** (provided evidence a summative evaluation for each student has been completed prior to program completion).

Additional information (budget and an analysis of student failure rates for physiology courses) due January 15, 2004.

**September 2002**
Report due July 15, 2003 (Standards, 2nd edition) -
- **Standard A3.1** (lacked evidence of sufficient financial resources to operate an educational program to fulfill obligations to matriculating and enrolled students),
- **Standards C2.2c and f** (lacked evidence the self-study report includes critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standard C5.5** (lacked evidence a summative evaluation for each student has been completed prior to program completion).

**March 1999**
The commission accepted the report addressing 1st edition
- **Standard I C 1** (lacked evidence the technical standards are distributed or made available to prospective students) and
- **Standard I E 3** (lacked evidence the self-study report documents program modifications that have occurred as a result of the self-evaluation). No further information requested.

**September 1998**
Report due February 1, 1999 (Standards, 1st edition) -
- **Standard I C 1** (lacked evidence the technical standards are distributed or made available to prospective students) and
- **Standard I E 3** (lacked evidence the self-study report documents program modifications that have occurred as a result of the self-evaluation).

**NOTE:** The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1978 by CAHEA and subsequent accrediting organizations is not available.