SUNY Downstate Medical Center
Accreditation History

First accredited: October 1992
Next review: September 2021
Maximum class size: 35

March 2020
The commission accepted the report addressing 4th edition

- **Standards A1.03a, c and g** (provided evidence the sponsoring institution is responsible for a) supporting the program faculty in program assessment, c) complying with ARC-PA accreditation Standards and policies and g) addressing appropriate security and personal safety measures for PA students in all locations where instruction occurs),
- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience [SCPEs] preceptors hold a valid license),
- **Standard A2.18** (provided evidence there is a 1.0 FTE position, dedicated exclusively to the program, providing administrative support for the program),
- **Standards A3.19b, d-f** (provided evidence student files include documentation b) that the student has met institution and program health screening and immunization requirements, d) of remediation efforts and outcomes, e) of summaries of any formal academic/behavioral disciplinary action taken against a student and f) that the student has met requirements for program completion) and
- **Standards B3.06a-b** (provided some evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

Report due May 15, 2020 (Standards, 4th edition) -
- **Standard A2.06a** (lacked evidence the program director holds current NCCPA certification) and
- **Standards B3.06a-b** (lacked evidence all SCPEs occur with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

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.

December 2019
Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 16, 2019. Administrative-Probation removed post receipt of annual report.

September 2019
Adverse Action-Accreditation-Probation; A focused probation visit will occur in advance of the September 2021 commission meeting. The program is approved to accept up to 45 students per class. The program did not appeal the commission’s decision.
Report due December 6, 2019 -
• Submit Exceeding Approved Class Size form regarding discrepancy between approved class size and year 1 class size.
• Update PANCE Pass Rate Summary Report in Program Management Portal and on program website.

Report due December 18, 2019 (Standards, 4th edition) -
• Standards A1.03a, c and g (lacked evidence the sponsoring institution is responsible for a) supporting the program faculty in program assessment, c) complying with ARC-PA accreditation Standards and policies and g) addressing appropriate security and personal safety measures for PA students in all locations where instruction occurs),
• Standard A1.08 (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program),
• Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
• Standard A2.16 (lacked evidence all instructional faculty serving as supervised clinical practice experience [SCPEs] preceptors hold a valid license),
• Standard A2.18 (lacked evidence there is a 1.0 FTE position, dedicated exclusively to the program, providing administrative support for the program),
• Standards A3.19b, d-f (lacked evidence student files include documentation b) that the student has met institution and program health screening and immunization requirements, d) of remediation efforts and outcomes, e) of summaries of any formal academic/behavioral disciplinary action taken against a student and f) that the student has met requirements for program completion) and
• Standards B3.06a-b (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

Report due March 18, 2020 (Standards, 4th edition) -
• Standard B2.06 (lacked evidence the program curriculum includes instruction in rehabilitative and palliative care),
• Standard B2.12 (lacked evidence the program curriculum includes instruction in disease surveillance, reporting and intervention),
• Standard B3.02 (lacked evidence of clearly defined learning outcomes for students in SCPEs with acute and chronic patient encounters),
• Standard B3.03a (lacked evidence of clearly defined learning outcomes for students in SCPEs for patients seeking medical care across the life span),
• Standard C1.01 (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
• Standard C3.01 (lacked evidence the program conducts evaluations of students with clear parallels to the learning outcomes for the supervised clinical education components),
• Standard C3.04 (lacked evidence the program’s planned summative evaluation of each student correlates with the didactic and clinical components of the program’s curriculum) and
• **Standard C4.02** (lacked evidence the program consistently documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).
  
  Report due June 17, 2020 (*Standards*, 4th edition) -
  
  • **Standards B3.07-a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn) and f) behavioral and mental health care).
  
  Report due March 19, 2021 (*Standards*, 5th edition) -
  
  • **Standards C2.01a-e**, complete Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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).

**June 2019**

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.

**July 2017**

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

- Updated SCPEs in the Portal. No further information requested.

**September 2016**

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

- Exceeding Class Size report. No further information requested.

Program Change: Change in degree (baccalaureate to master’s curriculum), effective June 1, 2017. The commission **acknowledged the proposed change**. No further information requested.

Program Change: Change in class size (35 to 45), effective June 1, 2017. The commission **approved the proposed change**. Report due May 1, 2017 (update supervised clinical practice experiences [SCPEs] in the Program Management Portal).

The commission noted the program is currently over enrolled and the number of students in the Program Management Portal is not accurate according to the length of the program. Report due September 1, 2016 (submit Exceeding Class Size Explanation form and address over enrollment).

**September 2013**

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

- Website updated with NCCPA PANCE Pass Rate Summary Report. No further information requested.
SUNY Downstate Medical Center
Accreditation History

First accredited: October 1992
Next review: September 2021
Maximum class size: 35
Page 4 of 5

March 2013
The commission accepted the report addressing 4th edition
- **Standards B3.03a-d** (provided evidence supervised clinical practice experiences enable each student to meet program expectations with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions)
Additional information (update website with NCCPA PANCE Pass Rate Summary Report) due March 17, 2013.

September 2012
The commission accepted the report addressing 4th edition
- **Standard A3.23** (provided evidence the program has current curriculum vitae for each course director),
- **Standard B2.15** (provided evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding and billing),
- **Standards B3.03a-d** (provided some evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program-defined requirements).
Due December 31, 2012 (Standards, 4th edition) -
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experiences enable each student to meet program expectations with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions)
- Update website with NCCPA PANCE Pass Rate Summary Report.

March 2012
Report due April 2, 2012
- Update website with NCCPA PANCE Pass Rate Summary Report.
Due July 1, 2012 (Standards, 4th edition) -
- **Standard A3.23** (lacked evidence the program has current curriculum vitae for each course director),
- **Standard B2.15** (lacked evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding and billing),
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program-defined requirements).

September 2011
SUNY Downstate Medical Center
Accreditation History

First accredited: October 1992
Next review: September 2021
Maximum class size: 35
Page 5 of 5

September 2004
Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 66. The commission noted zero areas of noncompliance with the Standards.

March 2001
Program Change: (Informational) The name of the State University of New York, Health Science Center at Brooklyn campus has been changed to the State University of New York, Downstate Medical Center.

September 2000
The commission accepted the report addressing 1st edition

- **Standard I B 3 a** (provided evidence there is sufficient classroom space),
- **Standard I C 1** (provided evidence the program makes the technical standards accessible to prospective students and the public),
- **Standards I E 1 b, c and e** (provided evidence the self-study report includes b) analysis of student failure rates in individual courses, c) survey data from graduates and employers regarding skills development and e) data for student failure rates in individual courses and rotations, graduate and employer surveys and ongoing student evaluation of overall course and program effectiveness) and
- **Standard I B 3 a** (provided evidence learning objectives in didactic courses are adequate). No further information requested.

September 1999
Report due August 1, 2000 (*Standards, 1st edition*) -

- **Standard I B 3 a** (lacked evidence there is sufficient classroom space),
- **Standard I C 1** (lacked evidence the program makes the technical standards accessible to prospective students and the public),
- **Standards I E 1 b, c and e** (lacked evidence the self-study report includes b) analysis of student failure rates in individual courses, c) survey data from graduates and employers regarding skills development and e) data for student failure rates in individual courses and rotations, graduate and employer surveys and ongoing student evaluation of overall course and program effectiveness) and
- **Standard I B 3 a** (lacked evidence learning objectives in didactic courses are adequate).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1992 by CAHEA and subsequent accrediting organizations is not available.