**CUNY School of Medicine Physician Assistant Program**
**Accreditation History**

First accredited: January 1978
Next review: October 2028
Maximum class size: 45


October 2026

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*

The commission noted five (5) areas of noncompliance with the *Standards* and two (2) new observations by the commission. A focused probation visit will occur in advance of the October 2028 commission meeting. The program's maximum class size remains 45. The commission's decision of extended probation is not appealable.

Report due December 15, 2026:

- Update attrition and tuition and fees data in the Program Management Portal
- Update NCCPA PANCE Exam Performance Summary Report on the program website

Report due December 15, 2026 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

Report due December 3, 2027 (*Standards*, 5th edition-program will respond in 6th) full self-study report:

- ***Standard C1.02c.i.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***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 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)

Commission observation response due December 15, 2026 (*Standards*, 6th edition):

- ***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)*

Commission observation response due December 3, 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)

The commission **did not accept** the report addressing

- How the sponsoring institution has provided sufficient principal faculty; evidence principal faculty are sufficient; how the institution provides academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution; how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner; and SCPE learning outcomes for each required rotation.

No further information is requested as the response to observations from the October 2026 commission meeting will address any outstanding requirements

July 2026

The commission **deferred** its decision of the report addressing

- How the sponsoring institution has provided sufficient principal faculty; evidence principal faculty are sufficient; how the institution provides academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution; how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner; and SCPE learning outcomes for each required rotation.

until the program's probation review at the October 2026 commission meeting, at which time the commission will review the report in conjunction with the results of the focused probation visit.

September 2025

The commission Reviewed and Requested More Information of the report addressing 5th edition

- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***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 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 (How the sponsoring institution has provided sufficient principal faculty; evidence principal faculty are sufficient; how the institution provides academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution; how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner; and SCPE learning outcomes for each required rotation) due February 1, 2026.

No additional information required for 5th edition:

- ***Standard A1.02a*** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02d*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (provided evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard A3.08c*** (provided evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)
- ***Standard A3.12i*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- ***Standard B3.07a*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07e*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B4.01a*** (provided 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 B4.03a*** (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 meets the program competencies required to enter clinical practice, including clinical and technical skills)

<u>June 2025</u>
The commission acknowledged the report providing evidence of

- Updates to Program Management Portal.

No further information required.

<u>September 2024</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution did not support the program in facilitating the self-assessment process or demonstrate its responsibility in complying with the ARC-PA *Standards*.
- The program director lacked knowledge of the required continuous programmatic review and analysis.

- The institution did not provide the program with sufficient human resources, specifically principal faculty, necessary to operate the educational program and fulfill its obligations to matriculating and enrolled students.
- The program failed to maintain documentation within student files related to meeting admission criteria and remediation efforts and outcomes.
- The program did not provide evidence that all students had supervised clinical practice experience (SCPE) with preceptors who would enable students to meet learning outcomes for family medicine or pediatrics.
- The SCPE evaluations did not align with the program learning outcomes to ensure clear parallels between what was expected and taught.
- The program's SCPE assessments did not allow the program to identify and address student deficiencies in a timely manner.
- The summative evaluation did not include or verify that all students had met the program competencies for technical skills to enter clinical practice.
- The program did not demonstrate it had a robust and systematic process of ongoing self-assessment that documented program effectiveness or fostered program improvement.

The commission noted 21 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the September 2026 commission meeting. The program's maximum class size remains 45. The program did not appeal the commission's decision.

Report due November 1, 2024:

- Update program URL and PANCE pass rate data in Program Management Portal

Report due May 15, 2025:

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard A3.08c*** (lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental

hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)

- ***Standard A3.12i*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***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)
- ***Standard B4.03a*** (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 meets the program competencies required to enter clinical practice, including clinical and technical skills)

Report due March 2, 2026 (modified Self-Study Report):

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***Standard C1.02c.i*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***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 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 required:

- ***Standard A3.17a*** (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 and includes documentation that the student has met published admission criteria including advanced placement if awarded)

- ***Standard A3.17d*** (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 and includes documentation of remediation efforts and outcomes)

March 2024
The commission **did not accept** the PANCE Required Report.
No further information requested.

September 2022
Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in September 2022. Administrative-Probation removed post receipt of fee.

July 2022
Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2022.

March 2022
The commission **accepted the report** providing evidence of

- Acceptable PANCE report. No further information requested.

September 2021
The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (acceptable response) due September 17, 2021.

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

Accreditation-Continued; Next Comprehensive Evaluation: September 2021. Maximum class size: 45. **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),
- ***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**.**

**CUNY School of Medicine Physician Assistant Program**
**Accreditation History**

First accredited: January 1978
Next review: October 2028
Maximum class size: 45


September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 90.
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),
- ***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
Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 90.
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),
- ***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
Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 90.
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*** (provided evidence the technical standards are distributed or made available to prospective students) and
- ***Standard I E 3*** (provided evidence the self-study report documents program modifications that have occurred as a result of the self-evaluation). No further information requested.

September 1998
Accreditation-Continued; Next Comprehensive Evaluation: September 2002.
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.