Ithaca College
Accreditation History

First accredited: March 2021
Next review: April 2028
Maximum class size: 30/40/50

<u>April 2026 (following Final Provisional review)</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sponsoring institutional support of the program faculty in program assessment and compliance with the ARC-PA accreditation *Standards* and policies.
- Sponsoring institutional responsibility for providing sufficient financial resources, ensuring effective program leadership, and executing a comprehensive self-assessment process on an ongoing basis.
- Sufficient principal faculty to meet the academic needs of enrolled students and manage administrative responsibilities consistent with the complexity of the program.
- Qualified program faculty, including the interim program director and instructional faculty.
- Program director's sufficient knowledge and responsibility toward implementing a robust self-assessment process.
- Sufficient didactic instructional faculty to provide students with the necessary attention and instruction.
- The program's orientation of clinical instructional faculty to the supervised clinical practice experience (SCPE) learning outcomes and their assessments.
- Policies and procedures that are defined, published, consistently applied, and made readily available to prospective and matriculated students to include consistent application of all program policies regardless of location, timely access and referral of students to services addressing personal issues, and admission decisions in accordance with published practices.
- Consistently defined and published learning outcomes and instructional objectives in measurable terms for each didactic and clinical course that would guide student acquisition of required competencies, including technical skills in the SCPE curriculum.
- Evidence of instruction in medical interviewing and history-taking for the adolescent population, medical care across the lifespan to include the adolescent population, the application of the principles of interprofessional teams, and the normal development of the adolescent population from the social and behavioral sciences and application to clinical practice perspective.
- Evidence of supervised clinical practice experience (SCPE) evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for the identification of student deficiencies in a timely manner.
- Defining, implementing and documenting a continuous self-assessment process that involves consistent data collection and comprehensive data analysis, applying the results to identify strengths, areas needing improvement, and action plans.
- Evidence of a consistently applied process for initial and ongoing evaluation of clinical sites.

The commission noted 40 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the April 2028 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.
Report due June 19, 2026:

- Update success in achieving goals, NCCPA PANCE Pass Rate Summary Report and Graduation Rate Table on website.
- Update PANCE pass rate data and Student Enrollment data in Program Management Portal.

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Accreditation History

First accredited: March 2021
Next review: April 2028
Maximum class size: 30/40/50

Report due August 10, 2026 (*Standards*, 5th edition):

- ***Standard A1.06*** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***Standard A2.01*** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.
- ***Standard A2.13a*** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- ***Standard A3.02*** (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)
- ***Standard A3.10*** (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures 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 A3.14*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.
- ***Standard B2.07a*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including interviewing and eliciting a medical history)
- ***Standard B2.08a*** (lacked evidence the curriculum includes instruction in the provisional of medical care across the life span including prenatal, infant, children adolescents, adults and elderly)
- ***Standard B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction including application of these principles in interprofessional teams)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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 8, 2027 (*Standards*, 5th edition):

- ***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 A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***Standard A2.17b*** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***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 B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 and 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 and that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard C2.01a*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- ***Standard C2.01b*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- ***Standard C2.01c*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due July 1, 2027 (*Standards*, 5th edition) modified self-study report:

- ***Standard C1.01a*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01b*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- ***Standard C1.01c*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- ***Standard C1.01d*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- ***Standard C1.01f*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C1.01g*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- ***Standard C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- ***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 due (commission expects program to submit all reports and documents as required by the ARC-PA):

- ***Standard A2.03*** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

No report due (standard was removed from 6th edition):

- ***Standard B2.11c*** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)

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 2025</u>
The commission **accepted** report providing evidence of

- Revised and resubmitted PANCE Required Report for its 2023 cohort.

No further information requested.

<u>June 2025</u>
The commission **reviewed and requested more information of the report** providing evidence of

- Description of how the institution allowing new faculty positions to be added as tenured or tenure-eligible will impact current program faculty; data that will allow the reader to determine annually if the program is effective in meeting goals; description of the benchmark percentages and a description of the program's process on data collection and critical analysis of data, including copies of each survey tool.

Additional information (Updated PANCE pass rate data on program website and resubmitted copy of principal faculty annual survey) due September 12, 2025.

<u>March 2025</u>
The commission **did not accept** the September 25, 2024 report addressing 5th 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 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 C1.01a*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01f*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff))

Additional information (Description of how the institution allowing new faculty positions to be added as tenured or tenure-eligible will impact current program faculty; data that will allow the reader to determine annually if the program is effective in meeting goals; description of the benchmark percentages and a description of the program's process on data collection and critical analysis of data, including copies of each survey tool) due January 12, 2025.

No additional information required for 5th edition:

- ***Standard A1.11a*** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (revised and resubmitted PANCE Required Report for its 2023 cohort) due April 22, 2025.

<u>September 2024</u>
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal.

No further information requested.

<u>March 2024 (following Provisional Monitoring review)</u>
Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2026 (Final Provisional). Maximum class size: 50.
Report due May 1, 2024:

- Update student enrollment in Program Management Portal

Report due October 1, 2024 (*Standards*, 5th edition):

- ***Standard A1.11a*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)
- ***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 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 C1.01a*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01f*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff))

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

- ***Standard B2.11a*** (lacked evidence the curriculum includes instruction in the death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- ***Standard B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

- ***Standard C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- ***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 C1.03*** (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)
- ***Standard C2.01c*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences,* to ensure that students are able to fulfill program *learning outcomes* with access to supervision)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2023

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

- Description of how preceptors and students are made aware of program expectations related to general skills and interpersonal skills and professionalism, supervised clinical practice experience learning outcomes for elective rotations, description of how program determines each student has met expected learning outcomes for elective rotations and documentation program has a means to determine each student met learning outcomes for elective rotations.

No further information requested.

June 2022

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

- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (description of how preceptors and students are made aware of program expectations related to general skills and interpersonal skills and professionalism, supervised clinical practice experience learning outcomes for elective rotations, description of how program determines each student has met expected learning outcomes for elective rotations and documentation program has a means to determine each student met learning outcomes for elective rotations) due July 8, 2022.

March 2022

The commission **did not accept** the report addressing 5th edition

- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (acceptable response to report) due March 1, 2022.

September 2021

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

- ***Standard A3.14*** (provided evidence the program plans to make admission decisions in accordance with published practices),
- ***Standard B2.19*** (provided evidence the program curriculum includes instruction in intellectual honesty and appropriate academic conduct; no report required as evidence was provided),
- ***Standards B3.03a-b, d*** (provided evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span and d) surgical management),
- ***Standard B3.06a*** (provided evidence SCPEs will occur with physicians specialty board certified in their area of instruction) and
- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (narrative describing how the program determines that each student has met the expected learning outcomes for emergent, acute and chronic patient encounters, care across the life span and surgical management) due September 24, 2021.

<u>March 2021</u>

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 40 in the second class and 50 in the third class.

Report due May 14, 2021 (*Standards*, 5th edition) -

- ***Standard A3.14*** (lacked evidence the program plans to make admission decisions in accordance with published practices),
- ***Standard B2.19*** (lacked evidence the program curriculum includes instruction in intellectual honesty and appropriate academic conduct; no report required as evidence was provided),
- ***Standards B3.03a-b, d*** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span and d) surgical management),
- ***Standard B3.06a*** (lacked evidence SCPEs will occur with physicians specialty board certified in their area of instruction) and
- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).