Rochester Institute of Technology
Accreditation History

First accredited: October 1994
Next review: October 2027
Maximum class size: 36

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 **did not accept the report**. The program must resubmit the report no later than January 5, 2027. The program received a warning letter regarding persistent deficiencies in conducting and documenting critical analysis of data, leading to conclusions and the development of self-improvement action plans.
Report due November 30, 2026:

- Update PANCE pass rate data in Program Management Portal and success in achieving goals on the program website.

March 2023
The commission **accepted the report** providing evidence of

- Revised and resubmitted PANCE Report. No further information requested.

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 **did not accept the report**. No further information requested. Additional information (revised and resubmitted PANCE report) due December 15, 2022.

September 2021
The commission **accepted the report** addressing 4th edition

- ***Standards C2.01b-f***, modified Self-Study Report (provided evidence of a self-study report that documents 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

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 **accepted the report**. No further information requested.

September 2020
The commission **acknowledged the report** providing evidence of

- The updated plans in response to COVID-19. No further information requested.

June 2020
The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due July 20, 2020.

March 2020
The commission **acknowledged the report** providing evidence of

- Updated Program Management Portal and program website with PANCE pass rate data.

September 2019
Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum Class Size: 36.
Report due December 9, 2019

- Update Program Management Portal and program website with PANCE pass rate data.

Due June 17, 2021 (*Standards*, 4th edition) -

- ***Standards C2.01b-f***, modified Self-Study Report (lacked evidence of a self-study report that documents 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

September 2018
The commission **accepted the report** providing evidence of

- Evidence the program measures and documents that each student has met expectations related to: preventive, emergent, acute and chronic care and medical care across the life span and evidence each clinical site has the ability to meet program expectations for learning outcomes and performance evaluation measures provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations. No further information requested.

March 2018
The commission **accepted the report** addressing 4th edition

- ***Standard A1.03c*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***Standard A1.08*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard A2.03*** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- ***Standard B1.01*** (provided evidence the curriculum is consistent with the mission and goals of the program),
- ***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 B3.02*** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standards B3.03a-d*** (provided evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- ***Standards B3.06a and b*** (provided 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),
- ***Standard C1.01*** (provided 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),
- ***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 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) and
- ***Standard C4.02*** (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).

Additional information (evidence the program measures and documents that each student has met expectations related to: preventive, emergent, acute and chronic care and medical care across the life span and evidence each clinical site has the ability to meet program expectations for learning outcomes and performance evaluation measures provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations) due May 14, 2018.

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.

<u>September 2017</u>
Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the September 2019 commission meeting. The program is approved to accept up to 36 students per class. The program did not appeal the commission's decision.
Report due December 5, 2017 (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***Standard A1.08*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to 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),
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- ***Standard B1.01*** (lacked evidence the curriculum is consistent with the mission and goals of the program),
- ***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 B3.02*** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standards B3.03a-d*** (lacked evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- ***Standards B3.06a and 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),
- ***Standard C1.01*** (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),
- ***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 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) and
- ***Standard C4.02*** (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).

Due April 20, 2019 (*Standards*, 4th edition) -

- ***Standards C2.01b-f***, modified Self-Study Report (lacked evidence of a self-study report that documents 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

March 2017

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.

September 2013

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

- SCPEs. No further information requested.

March 2013

Program Change: Change in degree granted (baccalaureate to baccalaureate/master's), change in length of professional program (two to three years) and change in class capacity (27 to 36 students). The commission **acknowledged the proposed changes**. Additional information (sufficient supervised clinical practice experiences [SCPEs] in emergency medicine) due July 1, 2013.

September 2011

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

- The plan related to current and planned positions and announcements and advertising about the program. No further information requested.

March 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards A2.02/A2.02*** (provided evidence core program faculty include two faculty positions for individuals currently NCCPA-certified as PAs) and
- ***Standards A3.03/A3.06*** (provided evidence announcements and advertising accurately reflect the program offered).

Additional information (plan related to current and planned positions and announcements and advertising about the program) due July 1, 2011.

September 2010
Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 54.
Report due December 31, 2010 (*Standards*, 3rd/4th edition) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards A2.02/A2.02*** (lacked evidence core program faculty include two faculty positions for individuals currently NCCPA-certified as PAs) and
- ***Standards A3.03/A3.06*** (lacked evidence announcements and advertising accurately reflect the program offered).

March 2009
The commission **accepted the report** addressing 3rd edition

- ***Standard B2.02e*** (provided evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease).

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

- Critical analysis of attrition, deceleration and remediation. No further information requested.

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard A3.03*** (provided evidence announcements and advertising accurately reflect the program offered),
- ***Standards A3.07c and f*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students c) policies regarding advanced placement and f) academic credit offered by the institution),
- ***Standards A3.08a-c*** (provided evidence programs granting advanced placement document that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution-defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- ***Standard B2.02e*** (lacked evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease),
- ***Standard B3.04d*** (provided evidence the program provides instruction in the important aspects of patient care including rehabilitative),

- ***Standard C1.01c*** (provided evidence the program collects and analyzes student failure rates in individual courses and rotations),
- ***Standards C2.01b1-7, C2.01d and e*** (provided evidence the self-study documents
  - b1) student attrition, deceleration, and remediation,
  - b2) faculty attrition,
  - b3) student failure rates in individual courses and rotations,
  - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
  - b5) graduate evaluations of curriculum and program effectiveness,
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement,
  - b7) the most recent five-year first time and aggregate graduate performance on the PANCE,
  - d) modifications that occurred as a result of self-assessment and
  - e) plans for addressing areas needing improvement) and
- ***Standard D1.01*** (provided evidence student health records are confidential).

Additional information (critical analysis of attrition, deceleration and remediation and 3rd edition ***Standard B2.02e*** [lacked evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease]) due January 9, 2009.

<u>September 2007</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 105.
Report due July 11, 2008 (*Standards*, 3rd edition).

- ***Standard A3.03*** (lacked evidence announcements and advertising accurately reflect the program **offered),**
- ***Standards A3.07c and f*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students c) policies regarding advanced placement and f) academic credit offered by the institution),
- ***Standards A3.08a-c*** (lacked evidence programs granting advanced placement document that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution-defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- ***Standard B2.02e*** (lacked evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease),
- ***Standard B3.04d*** (lacked evidence the program provides instruction in the important aspects of patient care including rehabilitative),
- ***Standard C1.01c*** (lacked evidence the program collects and analyzes student failure rates in individual courses and rotations),
- ***Standards C2.01b1-7, C2.01d and e*** (lacked evidence the self-study documents

- b1) student attrition, deceleration, and remediation,
- b2) faculty attrition,
- b3) student failure rates in individual courses and rotations,
- b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
- b5) graduate evaluations of curriculum and program effectiveness,
- b6) preceptor evaluations of student performance and suggestions for curriculum improvement,
- b7) the most recent five-year first time and aggregate graduate performance on the PANCE,
- d) modifications that occurred as a result of self-assessment and
- e) plans for addressing areas needing improvement) and

- ***Standard D1.01*** (lacked evidence student health records are confidential).

<u>September 2004</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.24*** (provided evidence there is at least one full time support staff person assigned to the program). No further information requested.

<u>March 2004</u>
The commission **acknowledged the report** providing evidence of

- Updated list of core faculty and new adjunct professional phase faculty.

The program remains in noncompliance with 2nd edition ***Standard A2.24*** (lacked evidence there is at least one full time support staff person assigned to the program).
Additional information (demonstrate the program is in compliance with standard A2.24) due July 15, 2004.

<u>September 2003</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.16*** (provided evidence there are sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession,
- ***Standard A2.23*** (provided evidence administrative and technical support staff are sufficient to meet the needs of the program),
- ***Standard A2.24*** (lacked evidence there is at least one full time support staff person assigned to the program) and
- ***Standard A4.3*** (provided evidence there is sufficient office space for the core faculty to perform their program duties).

Additional information (updated list of core faculty and new adjunct professional phase faculty and 2nd edition standard A2.24, lacked evidence there is at least one full time support staff person assigned to the program) due January 15, 2004.

September 2002
Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 105.
Report Due July 15, 2003 (*Standards*, 2nd edition) -

- ***Standard A2.16*** (lacked evidence there are sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession,
- ***Standard A2.23*** (lacked evidence administrative and technical support staff are sufficient to meet the needs of the program),
- ***Standard A2.24*** (lacked evidence there is at least one full time support staff person assigned to the program) and
- ***Standard A4.3*** (lacked evidence there is sufficient office space for the core faculty to perform their program duties).

March 2000
The commission **accepted the report** addressing 1st edition

- ***Standard I D 1 f*** (provided evidence policies regarding students and the performance of service work are available) and
- ***Standard II B 1 e*** (provided evidence of clinical experiences in family medicine). No further information requested.

September 1999
The commission **accepted the report** addressing 1st edition

- ***Standard I C 1*** (provided evidence the technical standards are made available to prospective students) and
- ***Standard I E 3*** (provided evidence the self-study report documents ongoing evaluation). No further information requested.

The commission **did not accept the report** addressing 1st edition

- ***Standard I D 1 f*** (lacked evidence policies regarding students and the performance of service work are available) and
- ***Standard II B 1 e*** (lacked evidence of clinical experiences in family medicine).

Additional information (clarification regarding student substitution for clerical or support staff and depth and breadth of family practice skills) due February 1, 2000.

September 1998
Accreditation-Continued; Next Comprehensive Evaluation: September 2002.
Report due August 1, 1999 (*Standards*, 1st edition) -

- ***Standard I C 1*** (lacked evidence the technical standards are made available to prospective students),

- ***Standard I D 1 f*** (lacked evidence policies regarding students and the performance of service work are available),
- ***Standard I E 3*** (lacked evidence the self-study report documents ongoing evaluation) and
- ***Standard II B 1 e*** (lacked evidence of clinical experiences in family medicine).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1994 by CAAHEP is not available.