SUNY Downstate Health Sciences University
Accreditation History

First accredited: October 1992
Next review: October 2029
Maximum class size: 45

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

September 2024
Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in September 2024. Administrative-Probation removed post receipt of fee.

August 2024
Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2024.

June 2024
The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program resubmitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2024
The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and more information requested** of the report. Additional information (resubmission of PANCE Required Report) due by February 1, 2024.

March 2023
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 **accepted the report**. No further information requested.

August 2022
Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 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 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 2021
Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum class size: 45. Report due June 1, 2023 (*Standards*, 5th edition) -

- ***Standard C1.03*** (lacked evidence the program's self-study report accurately and succinctly documents the process and application of ongoing program self-assessment).

June 2021
The commission **acknowledged the report** providing evidence of

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report and Program Management Portal updated. No further information requested.

March 2021
The commission **accepted the report** providing evidence of

- How the program ensures supervised clinical practice experiences (SCPEs) occur with preceptors who enable students to meet learning outcomes in family medicine. No further information requested.

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

- Learning outcomes and instructional objectives for students in SCPEs for patients seeking medical care across the life span, women's health and pediatrics and how the program determines each student has met them, the program's process for implementing change in the administrative aspects of the program and description of how the program conducts and documents its summative evaluation process. No further information requested.

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 2020
The commission **accepted the report** addressing 4th edition

- ***Standard A2.06a*** (provided evidence the program director holds current NCCPA certification)
- ***Standards B3.06a-b*** (provided evidence all supervised clinical practice experiences [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) and
- ***Standards B3.07a-f*** (provided 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).

Additional information (narrative that documents how the program ensures SCPEs occur with preceptors who enable students to meet learning outcomes in family medicine) due December 17, 2020.

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

- Updated PANCE pass rate data in the Program Management Portal. No further information requested.

June 2020

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

- ***Standard B2.06*** (provided evidence the program curriculum includes instruction in rehabilitative and palliative care),
- ***Standard B2.12*** (provided evidence the program curriculum includes instruction in disease surveillance, reporting and intervention),
- ***Standard B3.02*** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with acute and chronic patient encounters),
- ***Standard B3.03a*** (provided some evidence of clearly defined learning outcomes for students in SCPEs for patients seeking medical care across the life span),
- ***Standard C1.01*** (provided some evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C3.01*** (provided some evidence the program conducts evaluations of students with clear parallels to the learning outcomes for the supervised clinical education components),
- ***Standard C3.04*** (provided some 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*** (provided 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).

Additional information (update PANCE pass rate data in the Program Management Portal) due August 17 and due December 21, 2020 (the program's learning outcomes and instructional objectives for students in SCPEs for patients seeking medical care across the life span, women's health and pediatrics and how the program determines each student has met them, the program's process for implementing change in the administrative aspects of the program and description of how the program conducts and documents its summative evaluation process).

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

- The proposed plan in response to COVID-19. No further information requested.

<u>March 2020</u>

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 B3.07a-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).

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

- ***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 E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA)

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.

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

Accreditation-Continued; Next Comprehensive Evaluation: March 2019. Maximum Student Capacity: 105.

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

Defer Accreditation Action until March 2012. Report due December 31, 2011 (official notification regarding appointment of a qualified permanent program director).

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.

SUNY Downstate Health Sciences University
Accreditation History

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

Accreditation-Continued; Next Comprehensive Evaluation: March 2004.
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.