SUNY Upstate Medical Center
Accreditation History

First accredited: March 2009
Next review: July 2028
Maximum class size: 35

July 2026

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sufficient and effective institutional support for program leadership, compliance with the standards, and program self-assessment
- Effective institutional support for maintaining sufficient clinical sites with affiliation agreements that meet the requirements set forth by the Standards
- Sufficient time and funding for program faculty maintenance of certification, licensure, and professional development
- Sufficient financial resources
- Sufficient human resources
- Program director knowledge and leadership, including problem-solving, completion of ARC-PA documents, and adherence to the Standards
- Program director supervision of staff
- Instructional faculty sufficiency, knowledge, and qualifications
- Preceptor vetting to meet all program requirements for the discipline, including license and certification information
- Preceptor orientation to course learning outcomes
- Publication of program policies on immunizations based on CDC recommendations and prevention of exposure to infectious hazards
- Program website accurately publishing its effectiveness in meeting its goals and advertising its admissions preferences
- Program admissions decisions being made in accordance with its published practices
- Student academic records including evidence of meeting health screening and immunization requirements, performance while enrolled, remediation efforts and outcomes, and summaries of disciplinary actions
- Curriculum breadth and depth sufficient to prepare the student to practice medicine
- Curriculum design that reflects content and course sequencing that builds upon previous learning
- Didactic and clinical syllabi that contain accurate and complete descriptions of the: course descriptions, course goals, learning outcomes, instructional objectives, topic lists, and methods of assessment
- Didactic instruction in: clinical medicine, communication with patients and families, medical care for patients with disabilities, medical care for patients with consideration of race, ethnicity, religion, and social determinants of health, patient management plans for both acute and chronic care, patient education, patient referral, and the normal and abnormal development across the lifespan
- Clinical learning outcomes for: preventive care, emergent care, acute care, chronic care, infants, children, adolescents, adults, elderly, women’s health, surgery, behavioral health
- Clinical preceptors who enable students to meet the program's learning outcomes in: family medicine, emergency medicine, internal medicine, surgery, pediatrics, women’s health, and behavioral health
- Initial and ongoing evaluation of clinical sites and preceptors

- Alignment of instruction to the learning outcomes and their assessments across the didactic and clinical curricula such that learning deficiencies may be identified and addressed in a timely manner
- A summative evaluation that ensures all students met each of the program's competencies prior to graduation
- Implementation and documentation of an ongoing self-assessment process, including data collection and analysis that lead to conclusions and related action plans
- Submission of ARC-PA reports and documents completely and correctly

The commission noted 79 areas of noncompliance with the *Standards* and one new observation by the commission. An initial focused visit will occur in advance of the April 2027 commission meeting, and a focused probation visit will occur in advance of the July 2028 commission meeting. The program's maximum class size remains 35. The program did not appeal the commission's decision.

Report due September 15, 2026:

- Update Program, Details and Budget data in the Program Management Portal
- Update Graduation Rate Table on the program website.

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

- ***Standard A1.01*** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- ***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 A1.03a*** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, maintenance of certification and licensure)
- ***Standard A1.03b*** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)
- ***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 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 A1.10a*** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)

- ***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)
- ***Standard A2.08c*** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program.
- ***Standard A2.13a*** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- ***Standard A2.13b*** (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)
- ***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 A2.16*** (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***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 A2.18b*** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard A3.07a*** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students and that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- ***Standard A3.08a*** (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 address methods of prevention)
- ***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 A3.13a*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***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 A3.17b*** (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 include documentation that the student has met institution and program health screening and immunization requirements)
- ***Standard A3.17c*** (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 include documentation of student performance while enrolled)
- ***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 include documentation of remediation efforts and outcomes)
- ***Standard A3.17e*** (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 include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***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)

Report due March 15, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B1.02*** (lacked evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)
- ***Standard B1.03b*** (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, the course description)
- ***Standard B1.03d*** (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale)
- ***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 B1.03g*** (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, methods of student assessment/evaluation)

- ***Standard B2.03*** (lacked evidence the curriculum includes instruction in clinical medicine covering all organ systems)
- ***Standard B2.04*** (lacked evidence the curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals)
- ***Standard B2.06a*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- ***Standard B2.06b*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for ethnicity/race)
- ***Standard B2.06d*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- ***Standard B2.06f*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for social determinants of health)
- ***Standard B2.07e*** (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 patient management including acute and chronic care plans)
- ***Standard B2.07f*** (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 patient education and referral)
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***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 B3.03d*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- ***Standard B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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 B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B3.07g*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- ***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 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)
- ***Standard B4.03b*** (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 reasoning and problem-solving abilities)
- ***Standard B4.03c*** (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 interpersonal skills)
- **Standard B4.03d** (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 medical knowledge)
- ***Standard B4.03e*** (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 professional behaviors)

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

- ***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)
- ***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)

No report due as standard is not included in 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)

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

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

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

- ***Standard A2.06*** (lacked evidence the program director had at least three years of full-time higher education experience at the time of appointment)

SUNY Upstate Medical Center
Accreditation History

April 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 required.

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

- Revised and resubmitted PANCE Required Report for the 2024 cohort.

No further information required.

September 2025
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 **reviewed and requested more information of the report**. Additional information (revised and resubmitted PANCE Required Report) due January 5, 2026.

March 2025
Program Change: Increase maximum entering class size to 55 students. The commission **did not approve the program's proposed change.** The program is welcome to reapply.

June 2021
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.

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

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

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.

July 2016
Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 35. The commission noted zero areas of noncompliance with the *Standards*.

March 2012
Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 105.
No report due (Standards, 4th edition) –

- ***Standard A2.02b*** (lacked evidence at the time of the site visit that the program principal faculty included at least three FTE positions; corrected subsequent to the visit) and
- ***Standard A2.03*** (lacked evidence at the time of the site visit that principal faculty were sufficient in number to meet the academic needs of enrolled students; corrected subsequent to the visit).

<u>September 2009</u>
The commission **accepted the report** addressing 3rd edition

- Standard A2.03 (provided evidence core faculty are sufficient in number to meet the academic needs of enrolled students). No further information requested.

<u>March 2009</u>
Accreditation-Provisional; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 105.
Report due May 1, 2009 (Standards, 3rd edition) –
Standard A2.03 (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students).