Weill Cornell Graduate School of Medical Sciences
Accreditation History

First accredited: March 1975
Next review: January 2033
Maximum class size: 52

September 2025
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal/website.

No further information requested.

March 2025
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted one area of noncompliance with the *Standards*.
Next Comprehensive Evaluation: March 2033. Maximum class size: 52.
Report due May 1, 2025:

- Update NCCPA PANCE Pass Rate Summary Report on website.

Report due March 1, 2026 (*Standards*, 5th edition) modified self-study report:

- ***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)

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

- Description of the program's evaluation process to determine if physicians not specialty board-certified in their area of instruction are appropriate for the specified area and documentation of the completed vetting process for each preceptor.

No further information requested.

June 2024
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***Standard A3.13a*** (provided evidence 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)
- ***Standard B2.06a*** (provided 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 B2.19b*** (provided evidence curriculum includes instruction in academic integrity)
- ***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*** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.07a*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B4.01a*** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- ***Standard B4.01b*** (provided 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 B4.03a*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- ***Standard C2.01b*** (provided evidence 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 patient populations)

Additional information (description of the program's evaluation process to determine if physicians not specialty board-certified in their area of instruction are appropriate for the specified area and documentation of the completed vetting process for each preceptor) due October 1, 2024.

March 2024

The commission **Accepted** the report addressing 5th edition

- ***Standard A2.09d*** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A3.12b*** (provided evidence 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 A3.12d*** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)

No further information requested.

September 2023

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

- Updates to the program's website. No further information requested.

March 2023

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

- Evidence of defined, published, and readily available policies.
- Documentation of effectiveness in meeting program goals.
- Evidence of defined, published, and readily available required curricular components.
- Verification of instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs and academic integrity.
- Verification of SCPEs occurring with physicians board certified in their area of instruction and/or NCCPA certified PAs.
- Evidence of SCPEs with preceptors who enable students to meet the program defined learning outcomes for family medicine.

- Documentation program's methods of assessment in the clinical curriculum aligns with what is expected and taught and identifies deficiencies in knowledge or skills in the specific program defined learning outcomes for each age group and visit type.
- Evidence that the program's summative evaluation verified each student meets the program's competencies required to enter clinical practice, specifically related to clinical and technical skills.
- Evidence of a fully defined, ongoing self-assessment process that includes data collection, critical data analysis, and documented program effectiveness and fostered program improvement.
- Verification of a self-study report that effectively documents critical analysis of data and documents a clear link from data analysis to conclusions and action plans.

A focused probation site visit will need to occur in advance of the March 2025 commission meeting. The program's maximum class size remains 47. The program requested reconsideration of the commission's action. The action was upheld.

Report due August 7, 2023 (*Standards*, 5th edition):

- ***Standard A2.09d*** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A3.12b*** (lacked evidence 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 A3.12d*** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)

Report due November 1, 2023 (*Standards*, 5th edition):

- ***Standard A3.13a*** (lacked evidence 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)
- ***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 B2.19b*** (lacked evidence curriculum includes instruction in academic integrity)
- ***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 B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B4.01a*** (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 aligns with what is expected and taught)
- ***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 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 C2.01b*** (lacked evidence 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 patient populations)

Report due July 25, 2024 (*Standards*, 5th edition) modified self-study report:

- ***Standard C1.02a*** (lacked evidence **t**he 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 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 for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission; *Standards*, 5th edition):

- ***Standard A3.05a*** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- ***Standard A3.05b*** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as clinical or administrative staff)
- ***Standard E1.03*** (the program did not submit documents as required by the ARC-PA)

<u>August 2020</u>
Accreditation-Administrative Probation. The annual accreditation fee was due on July 1, 2020. It was not submitted until August 24, 2020. Administrative-Probation removed post receipt of annual accreditation fee.

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

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

March 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.

September 2017
Program Change: Change in class size (incremental, 37, effective March 1, 2018; 42, effective March 1, 2019; 47, effective March 1, 2020 and 52, effective March 1, 2021). The commission **approved the proposed change**. No further information requested.

May 2016
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

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 2014
The commission **accepted the report** providing evidence of

- Data collection. No further information requested.

September 2013
The commission **accepted the report** addressing 4th edition

- ***Standard A3.13*** (provided evidence the program announcements and advertising accurately reflect the program offered) and
- ***Standard C1.01*** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

Additional information (sampling of meeting minutes regarding data collection) due July 1, 2014.

March 2013
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 32.
Report due May 1, 2013 (*Standards*, 4th edition) -

- ***Standard A3.13*** (lacked evidence the program announcements and advertising accurately reflect the program offered) and
- ***Standard C1.01*** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

March 2010

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

- Critical analysis of increased attrition and deceleration and summary of progress made in long-term care settings. No further information requested.

September 2009

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

- ***Standard A2.22*** (provided evidence there is an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements in each location to which a student is assigned for didactic or supervised practice instruction),
- ***Standard A3.13e*** (provided evidence student files include documentation that the student has met institution and program health screening and immunization requirements),
- ***Standard A3.15*** (provided evidence the program has current curriculum vitae for each course director),
- ***Standard B3.04d*** (provided evidence the program provides instruction in rehabilitative patient care),
- ***Standard B7.04e*** (provided evidence supervised clinical practice experiences are provided in long-term care settings),
- ***Standards C2.01b1, b3, b6, c and e*** (provided evidence the self-study documents b1) student attrition, deceleration and remediation, b3) student failure rates in individual courses and rotations, b6) preceptor evaluations of student performance and suggestions for curriculum improvement, c) self-identified program strengths and areas in need of improvement and e) plans for addressing areas needing improvement).

Additional information (critical analysis of increased attrition and deceleration and summary of progress made in long-term care settings) due January 8, 2010.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 96. Report due July 1, 2009 (*Standards*, 3rd edition) -

- ***Standard A2.22*** (lacked evidence there is an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements in each location to which a student is assigned for didactic or supervised practice instruction),
- ***Standard A3.13e*** (lacked evidence student files include documentation that the student has met institution and program health screening and immunization requirements),
- ***Standard A3.15*** (lacked evidence the program has current curriculum vitae for each course director),
- ***Standard B3.04d*** (lacked evidence the program provides instruction in rehabilitative patient care),
- ***Standard B7.04e*** (lacked evidence supervised clinical practice experiences are provided in long-term care settings),
- ***Standards C2.01b1, b3, b6, c and e*** (lacked evidence the self-study documents b1) student attrition, deceleration and remediation, b3) student failure rates in individual courses and rotations, b6) preceptor evaluations of student performance and suggestions for curriculum

improvement, c) self-identified program strengths and areas in need of improvement and e) plans for addressing areas needing improvement).

Due January 8, 2010

- Critical analysis of increased attrition and deceleration rate in the 2008 cohort.

March 2006

The commission **acknowledged the report** addressing 2nd edition

- ***Standard B6.2a*** (provided evidence the program documents that every student has clinical experiences in family medicine),
- ***Standards C2.2d-g*** (provided evidence the self-study includes d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standard C4.1b*** (provided evidence the self-study report documents outcome data analysis).

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

- PANCE scores and graduate and employer data No further information requested.

March 2005

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 64. Report due January 13, 2006 (*Standards*, 2nd edition) -

- ***Standard B6.2a*** (lacked evidence the program documents that every student has clinical experiences in family medicine),
- ***Standards C2.2d-g*** (lacked evidence the self-study includes d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standard C4.1b*** (lacked evidence the self-study report documents outcome data analysis).
- PANCE scores and graduate and employer data.

March 2002

The commission **accepted the report** addressing 1st/2nd edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I C 2/C5.3,4*** (provided evidence preceptor evaluations at end of rotations provide students and program officials with timely indications of the student's progress),

- ***Standards I D 1 f/A5.8*** (provided evidence policies and processes by which students may perform service work while enrolled in the program are published and made know to all concerned) and
- ***Standards II B 2 b/B1.4*** (provided evidence clearly written course syllabi for the clinical year include measurable learning objectives). No further information requested.

March 2001

Accreditation-Continued; Next Comprehensive Evaluation: March 2005. Maximum Student Capacity: 64. Report due February 1, 2002 (*Standards*, 1st/2nd edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I C 2/C5.3,4*** (lacked evidence preceptor evaluations at end of rotations provide students and program officials with timely indications of the student's progress),
- ***Standards I D 1 f/A5.8*** (lacked evidence policies and processes by which students may perform service work while enrolled in the program are published and made know to all concerned) and
- ***Standards II B 2 b/B1.4*** (lacked evidence clearly written course syllabi for the clinical year include measurable learning objectives).

March 2000

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

- ***Standard I A 3*** (provided evidence the sponsoring institution has assumed primary responsibility for the program),
- ***Standard I B 1 a (1)*** (provided evidence the program director demonstrates responsibility for the organization, administration, continuous review, planning, development, and general effectiveness of the program),
- ***Standard I B 1 a (2)*** (provided evidence the program director demonstrates knowledge and skills to administer adequately the operation of the overall program),
- ***Standard I B 1 b (1)*** (provided evidence the medical director provides continuous, competent medical guidance for the primary care portion of the curriculum),
- ***Standard I B 1 c (1)*** (provided evidence of documentation of student performance evaluations on clinical rotations),
- ***Standard I B 1 c (3)*** (provided evidence there are sufficient faculty to provide students with adequate attention, instruction, and supervised clinical practice to acquire the knowledge and competence needed for entry to the profession),
- ***Standard I C 2*** (provided evidence the criteria for progression to and completion of each segment of the curriculum and for graduation is clearly documented and applied consistently),
- ***Standard I C 4*** (provided evidence students have ready access to the faculty),
- ***Standard I D 1 f*** (provided evidence policies and processes by which students may perform service work while enrolled in the program are published and made known to all concerned),
- ***Standard I E 1 c*** (provided evidence timely surveys of employers of graduates are conducted),
- ***Standard I E 3*** (provided evidence the self-study adequately documents self-evaluation),

- ***Standard II B 1 e*** (provided evidence all students are provided the opportunity for clinical experiences in family medicine),
- ***Standard II B 2*** (provided evidence curriculum design reflects adequate supervised clinical experiences in primary care) and
- ***Standard II B 2 c*** (provided evidence of frequent, objective, and documented evaluations of students to assess their acquisition of knowledge, problem identification, problem solving skills, and clinical competencies and behavioral performance). No further information required.

<u>September 1999</u>
Adverse Action-Accreditation-Probation. Next Comprehensive Evaluation: March 2001.
Report due November 19, 1999 (*Standards*, 1st edition) -

- ***Standard I A 3*** (lacked evidence the sponsoring institution has assumed primary responsibility for the program),
- ***Standard I B 1 a (1)*** (lacked evidence the program director demonstrates responsibility for the organization, administration, continuous review, planning, development, and general effectiveness of the program),
- ***Standard I B 1 a (2)*** (lacked evidence the program director demonstrates knowledge and skills to administer adequately the operation of the overall program),
- ***Standard I B 1 b (1)*** (lacked evidence the medical director provides continuous, competent medical guidance for the primary care portion of the curriculum),
- ***Standard I B 1 c (1)*** (lacked evidence of documentation of student performance evaluations on clinical rotations),
- ***Standard I B 1 c (3)*** (lacked evidence there are sufficient faculty to provide students with adequate attention, instruction, and supervised clinical practice to acquire the knowledge and competence needed for entry to the profession),
- ***Standard I C 2*** (lacked evidence the criteria for progression to and completion of each segment of the curriculum and for graduation is clearly documented and applied consistently),
- ***Standard I C 4*** (lacked evidence students have ready access to the faculty),
- ***Standard I D 1 f*** (lacked evidence policies and processes by which students may perform service work while enrolled in the program are published and made known to all concerned),
- ***Standard I E 1 c*** (lacked evidence timely surveys of employers of graduates are conducted),
- ***Standard I E 3*** (lacked evidence the self-study adequately documents self-evaluation),
- ***Standard II B 1 e*** (lacked evidence all students are provided the opportunity for clinical experiences in family medicine),
- ***Standard II B 2*** (lacked evidence curriculum design reflects adequate supervised clinical experiences in primary care) and
- ***Standard II B 2 c*** (lacked evidence of frequent, objective, and documented evaluations of students to assess their acquisition of knowledge, problem identification, problem solving skills, and clinical competencies and behavioral performance).

<u>March 1999</u>
The commission ***accepted the report*** addressing 1st edition

- ***Standard I B1*** (provided evidence of job descriptions for the program and medical directors),
- ***Standard I B 1 c (3)*** (provided evidence of an adequate number of core faculty),
- ***Standard I B 1 d*** (provided evidence of sufficient clerical support),
- ***Standard I C 1*** (provided evidence of technical standards),
- ***Standards I E 1 a and b*** (provided evidence the self-study report analyzed student attrition and student failure rates),
- ***Standard II B 1 c*** (provided evidence of instruction in interpretation of the medical literature) and
- ***Standard II B 1 e*** (provided evidence of opportunities in family medicine and ambulatory care). No further information requested.

<u>September 1998</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 1999.
Report due February 1, 1999 (*Standards*, 1st edition).

- ***Standard I B1*** (lacked evidence of job descriptions for the program or medical director),
- ***Standard I B 1 c (3)*** (lacked evidence of an adequate number of core faculty),
- ***Standard I B 1 d*** (lacked evidence of sufficient clerical support),
- ***Standard I C 1*** (lacked evidence of technical standards),
- ***Standards I E 1 a and b*** (lacked evidence the self-study report analyzed student attrition and student failure rates),
- ***Standard II B 1 c*** (lacked evidence of instruction in interpretation of the medical literature) and
- ***Standard II B 1 e*** (lacked evidence of opportunities in family medicine and ambulatory care).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1975 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.