

Pace University – Lenox Hill Hospital Accreditation History

First accredited: March 2000
Next review: September 2025
Maximum class size: 80
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June 2024

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

- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.11a** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)

Additional information (clarification of the role of the PA program DEI Coordinator, clarification of program's published goals versus the program's DEI goals, evidence that the program's website has been updated to reflect its changes in considerations, and clarification of the program's retention strategies) due September 30, 2024

September 2023

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

- Accepting more students for the cohort of 2025 that it is approved for, without approval from the ARC-PA and not documenting sufficient human, financial, and technology resources and supervised clinical practice experiences in all required rotations to accommodate the increase in class size.

A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 80. The program requested reconsideration of the commission's action. The action was upheld.

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

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.11a** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)

Report due February 6, 2025 (*Standards*, 5th edition):

- **Standard C1.03** modified Self-Study Report (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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

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

June 2021

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Program Change: Change in fiscal support (restoration of funding within the program). The commission **acknowledged the report**. No further information requested.

March 2021

Program Change: Change in fiscal support. The commission **reviewed and more information requested**. Additional information (resubmit form and supporting documentation) due January 25, 2021.

September 2020

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

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

March 2018

Program Change: Change in graduation requirements (76 to 102 credits), effective July 1, 2018. The commission **acknowledged 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 September 2020 to September 2023 due to this change.

September 2014

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

- Correction of data in the Portal and
- Website update. No further information requested.

March 2014

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

- **Standard A2.04** (provided evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty who have similar academic responsibilities within the institution),
- **Standard A2.12** (provided evidence the medical director is an active participant in the program), and
- **Standard B3.07a** (provided evidence of supervised clinical practice experiences with preceptors practicing in family medicine). No further information requested.

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

- Corrections to the Portal.
- Explanation of the FTE of principal faculty.

Additional information (correction in the Program Management Portal of the FTE for one faculty member and student numbers and update accreditation statement on the website) due April 11, 2014.

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September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 80.

Report due October 31, 2013

- Explanation of FTE of two principal faculty and corrections to the Program Management Portal.

Due December 31, 2013 (*Standards*, 4th edition) -

- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty who have similar academic responsibilities within the institution),
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program), and
- **Standard B3.07a** (lacked evidence of supervised clinical practice experiences with preceptors practicing in family medicine).

March 2012

Program Change: Change in student capacity (150 to 240), effective July 2012. The commission **acknowledged the proposed change**. No further information requested.

September 2008

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

- Budget, status of faculty and facilities, clarification of start date and when degree will be awarded. No further information requested.

March 2008

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

- **Standard A2.04** (provided evidence core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution). No further information requested.

Program change: Change in degree awarded (baccalaureate to master's). The commission **acknowledged the proposed change**. Additional information (budget, status of faculty and facilities, clarification of start date and when degree will be awarded).

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 150.

Report due January 11, 2008 (*Standards*, 3rd edition) -

- **Standard A2.04** (lacked evidence core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution).

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September 2006

Program Change: Change in student capacity (108 to 150), effective July 2006. The commission **acknowledged the proposed change**. No further information requested.

September 2003

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

- **Standard B1.4** (provided evidence all didactic course syllabi contain measurable instructional objectives) and
- **Standard B6.2a** (provided evidence the program documents that every student has clinical experience in family medicine). No further information requested.

Personnel Change: A new medical director was appointed, effective April 1, 2003.

March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 72.

Report due July 15, 2003 (*Standards*, 2nd edition) -

- **Standard B1.4** (lacked evidence all didactic course syllabi contain measurable instructional objectives) and
- **Standard B6.2a** (lacked evidence the program documents that every student has clinical experience in family medicine).

September 2000

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

- **Standard I C 1** (provided evidence admission of students is in accordance with published policies of the institution). No further information requested.

March 2000

Accreditation-Provisional; Next Comprehensive Evaluation: March 2003. Maximum Student Capacity: 72.

Report due August 1, 2000 (*Standards*, 1st edition) -

- **Standard I C 1** (lacked evidence admission of students is in accordance with published policies of the institution).