



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for Medical Assisting Educational Programs*

Essentials/Standards initially adopted in 1969; Revised in 1971, 1977, 1984, 1991, 1999, 2003

Adopted by
The American Association of Medical Assistants
American Medical Association
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Curriculum Review Board of The American Association of Medical Assistants Endowment (CRB-AAMAE).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the medical assisting profession. The accreditation **Standards** therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in *italic* typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), The American Association of Medical Assistants and American Medical Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of medical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

Description of Profession: Medical assistants are multiskilled allied health professionals specifically trained to work in ambulatory settings, such as physicians' offices, clinics, and group practices, performing administrative and clinical procedures.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be a postsecondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must assure that the provisions of these **Standards** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, the public, and nationally accepted standards of roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

- a. Responsibilities: The program director must be responsible for the effectiveness of the program. Sufficient non-teaching time must be allowed for program organization, administration, continuous review, planning and development.

- b. **Qualifications:** The program director must have a minimum of an associate degree and instruction in educational theory or techniques.

The program director must be credentialed in medical assisting by a nationally accredited credentialing organization, unless a full-time medical assisting faculty member is so credentialed.

The program director must have a minimum of 40 hours of experience in an ambulatory health care setting performing or observing administrative and clinical procedures of medical assisting.

Persons approved as program directors under previous *Standards* will continue to be approved in that position.

Instruction in educational theory or techniques may include college courses, seminars or inservice on topics such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

Accreditors of national credentialing organizations include National Commission for Certifying Agencies and the National Certification Commission.

2. Medical Advisor

- a. **Responsibilities:** The medical advisor must provide guidance to ensure that the medical components of the curriculum meet currently acceptable performance standards.

The role of the medical advisor should be defined in writing by the program. Examples of defined roles may include guest lecturer; Advisory Committee member; liaison between the physician community and the program; provider of externship; and participant, as appropriate, in other activities to promote ongoing program evaluation.

- b. **Qualifications:** The medical advisor must be a physician (MD or DO), physician assistant or nurse practitioner currently licensed to practice by any U.S. jurisdiction.

3. Faculty and/or Instructional Staff

- a. **Responsibilities:** Faculty must develop instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.
- b. **Qualifications:** Faculty must be knowledgeable in course content, effective in directing and evaluating student learning and laboratory performance, and be prepared in educational theory and techniques.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation. The administrative and clinical procedures must be developed in a competency-based format.

Actual program length may vary, depending on institutional policy or state laws or regulations. Program length, which includes instruction and externship, should consist of a minimum of 24 semester or trimester credit hours or 36 quarter hours in an educational program whose length is measured in credit hours or 900 clock hours in an educational program whose length is measured in clock hours.

Course sequencing should be such that it promotes a logical progression of learning.

“Competency-based format” has three components: (1) the specific task to be mastered; (2) the conditions under which the student is expected to perform the task; and (3) the standard of performance for the task.

1. Content

To provide for student attainment of the Entry-Level Competencies for the Medical Assistant, the curriculum must include, as a minimum:

a. Anatomy and Physiology

- (1) Anatomy and physiology of all body systems
- (2) Common pathology/diseases
- (3) Diagnostic/treatment modalities

b. Medical Terminology

- (1) Basic structure of medical words
- (2) Word building and definitions
- (3) Applications of medical terminology

c. Medical Law and Ethics

- (1) Legal guidelines/requirements for health care
- (2) Medical ethics and related issues

d. Psychology

- (1) Basic principles
- (2) Developmental stages of the life cycle
- (3) Hereditary, cultural and environmental influences on behavior

e. Communication

- (1) Principles of verbal and nonverbal communication
- (2) Recognition and response to verbal and nonverbal communication
- (3) Adaptations for individualized needs
- (4) Applications of electronic technology
- (5) Fundamental writing skills

f. Medical Assisting Administrative Procedures

- (1) Basic medical assisting clerical functions
- (2) Bookkeeping principles
- (3) Insurance, procedural and diagnostic coding
- (4) Operational functions

g. Medical Assisting Clinical Procedures

- (1) Asepsis and infection control
- (2) Specimen collection and processing
- (3) Diagnostic testing
- (4) Patient care and instruction
- (5) Pharmacology
- (6) Medical emergencies
- (7) Principles of IV Therapy

h. Professional Components

- (1) Personal attributes
- (2) Job readiness
- (3) Workplace dynamics
- (4) Allied health professions and credentialing
- (5) Provider level CPR certification and first aid training

This content may be integrated throughout the curriculum or as separate courses/modules. Instructional strategies should promote achievement of performance objectives of administrative, clinical and general competencies. Instructional strategies may include classroom lecture presentations, demonstrations, research, discussions, role-playing, simulations, and supervised classroom practice, and should encompass all phases of the life cycle: pediatric, adult and geriatric.

2. Externship

A supervised, unpaid externship of at least 160 contact hours in an ambulatory health care setting performing administrative and clinical procedures must be completed prior to graduation.

The program should ensure that the externship experience and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should be selected so that each student is afforded a variety of experiences, while at the same time all students are provided consistent learning opportunities.

3. Competencies

The Entry-Level Competencies for the medical assistant include, but are not limited to:

a. Administrative Competencies:

(1) Perform Clerical Functions

- (a) Schedule and manage appointments
- (b) Schedule inpatient and outpatient admissions and procedures
- (c) Organize a patient's medical record
- (d) File medical records

(2) Perform Bookkeeping Procedures

- (a) Prepare a bank deposit
- (b) Post entries on a daysheet
- (c) Perform accounts receivable procedures
- (d) Perform billing and collection procedures
- (e) Post adjustments
- (f) Process credit balance
- (g) Process refunds
- (h) Post NSF checks
- (i) Post collection agency payments

(3) Process Insurance Claims

- (a) Apply managed care policies and procedures
- (b) Apply third party guidelines
- (c) Perform procedural coding
- (d) Perform diagnostic coding
- (e) Complete insurance claim forms

b. Clinical Competencies:

(1) Fundamental Procedures

- (a) Perform handwashing
- (b) Wrap items for autoclaving
- (c) Perform sterilization techniques
- (d) Dispose of biohazardous materials
- (e) Practice Standard Precautions

(2) Specimen Collection

- (a) Perform venipuncture
- (b) Perform capillary puncture

- (c) Obtain specimens for microbiological testing
- (d) Instruct patients in the collection of a clean-catch mid-stream urine specimen
- (e) Instruct patients in the collection of fecal specimens

(3) Diagnostic Testing

- (a) Perform electrocardiography
- (b) Perform respiratory testing
- (c) CLIA Waived Tests:
 - (i) Perform urinalysis
 - (ii) Perform hematology testing
 - (iii) Perform chemistry testing
 - (iv) Perform immunology testing
 - (v) Perform microbiology testing

(4) Patient Care

- (a) Perform telephone and in-person screening
- (b) Obtain vital signs
- (c) Obtain and record patient history
- (d) Prepare and maintain examination and treatment areas
- (e) Prepare patient for and assist with routine and specialty examinations
- (f) Prepare patient for and assist with procedures, treatments, and minor office surgeries
- (g) Apply pharmacology principles to prepare and administer oral and parenteral (excluding IV) medications
- (h) Maintain medication and immunization records
- (i) Screen and follow-up test results

c. General Competencies

(1) Professional Communications

- (a) Respond to and initiate written communications
- (b) Recognize and respond to verbal communications
- (c) Recognize and respond to nonverbal communications
- (d) Demonstrate telephone techniques

(2) Legal Concepts

- (a) Identify and respond to issues of confidentiality
- (b) Perform within legal and ethical boundaries
- (c) Establish and maintain the medical record
- (e) Document appropriately
- (f) Demonstrate knowledge of federal and state health care legislation and regulations

(3) Patient Instruction

- (a) Explain general office policies
- (b) Instruct individuals according to their needs
- (c) Provide instruction for health maintenance and disease prevention
- (d) Identify community resources

(4) Operational Functions

- (a) Perform an inventory of supplies and equipment
- (b) Perform routine maintenance of administrative and clinical equipment
- (c) Utilize computer software to maintain office systems
- (d) Use methods of quality control

General Competencies may be addressed in clinical, administrative or both areas.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

The format for resource assessments should be: Purpose statement, Measurement Systems, Dates of Measurement, Results, Analyses, Action Plans, and Follow-up.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

“Validity” means that the evaluation methods chosen are consistent with the learning and performance objectives being tested. Methods of assessment are carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors are consistent with stated externship performance expectations and designed to assess competency attainment.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

Documentation should include appropriate written, practical and/or oral examinations that are based on course objectives. Criteria for pass/fail should be provided to students, in writing, prior to beginning the particular segment of the curriculum.

B. Outcomes Assessment

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

“Outcomes assessments” include, but are not limited to: performance on national credentialing examinations, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement and programmatic summative measures. The program must meet outcomes assessment thresholds.

“Positive Placement” means that the graduate is employed full- or part-time as a medical assistant or in a related field; and/or continuing his/her education; and/or serving in the military.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the Curriculum Review Board to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies; admissions policies and practices; policies on advanced placement, transfer of credits and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

The CAAHEP accepted language for an accredited medical assisting program is: "[Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs upon the recommendation of the Curriculum Review Board of the American Association of Medical Assistants Endowment (CRB-AAMAE). CAAHEP, 1361 Park Street, Clearwater, FL 33756, (727)210-2350."

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, policies and processes by which students may perform clinical work while enrolled in the program, and that students must be supervised and not receive compensation for externships.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

In accordance with the Americans with Disabilities Act (ADA) and other governmental regulations, technical standards that define the essential functions of medical assisting may be published and used in the lawful and non-discriminatory admission of students.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CRB-AAMAE in a timely manner. Additional substantive change(s) to be reported to CRB within the time limits prescribed include:

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change of the degree or credential awarded;
5. Change of clock hours to credit hours or vice versa; and
6. Substantial increase/decrease in clock or credit hours for successful completion of a program.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity. Externship agreements must include a statement that students must be supervised and must not receive compensation.

These documents should be reviewed periodically to ensure the availability of resources for the provision of effective education.

Appendix A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

Curriculum Review Board
The American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

The “Request for Accreditation Services” form can be obtained from CRB/AAMAE, CAAHEP, or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CRB/AAMAE. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the CRB/AAMAE.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CRB/AAMAE, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

Curriculum Review Board
The American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CRB/AAMAE.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CRB/AAMAE forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CRB/AAMAE and CAAHEP within a reasonable period of time (as defined by the CRB/AAMAE and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

- b. The sponsor must inform CAAHEP and the CRB/AAMAE of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CRB/AAMAE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CRB/AAMAE has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the CRB/AAMAE of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CRB/AAMAE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CRB/AAMAE and based on the program’s on-going compliance with the **Standards**; however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CRB/AAMAE and CAAHEP fees within a reasonable period of time, as determined by the CRB/AAMAE and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with CRB/AAMAE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CRB/AAMAE accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CRB/AAMAE.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CRB/AAMAE and CAAHEP to maintain its accreditation status.

To reactivate the program the chief executive officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the CRB/AAMAE. The sponsor will be notified by the CRB/AAMAE of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CRB/AAMAE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CRB/AAMAE forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CRB/AAMAE reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the CRB/AAMAE forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CRB/AAMAE reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CRB/AAMAE arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.