

## Notes to Communities of Interest

You will find a draft of the proposed Standards below. Because CAAHEP has updated its *Standards and Guidelines* template, there are some significant changes in formatting and vocabulary; however, unless it has been highlighted, the meaning is the same.

1. Items highlighted in **green** are the major new additions to the CAAHEP Template. The minor editing changes that did not affect substance were not marked. You will see that there are a significant number of changes.
2. Items highlighted in **yellow** are MAERB's changes to the 2015 Standards and Guidelines. The following are significant changes that MAERB made from the 2015 *Standards and Guidelines*:
  - Addition of new sponsoring organizations (hospital, medical center, Armed Forces) for medical assisting programs in Standard I.A.
  - Removed the following requirements for the Program Directors in Standard III.1.b: full-time employment status, one-year teaching experience, 160 hours observation.
  - Adapted the need for experience for Program Directors in Standard III.1.b
  - Removed the requirement "unpaid" as part of the practicum in Standard III.C.3, even though the important statement that students must not be substituted for staff remains.
  - Addition of a required policy on technical standards in V.A.2.
  - Removal of the guideline that there needed to be a line on the syllabus that students must pass/achieve the psychomotor and affective competencies to pass the course in Standard IV.A.1. Students still must achieve all the psychomotor and affective competencies prior to graduating from the program.
  - Removal of the guidelines in Standard V.F that the practicum agreement must include a statement that students must be supervised and must not receive compensation. **NOTE: The practicum agreement will still need to make it clear that the students be supervised, as that is part of the relationship.**

Please note that this draft is being shared with you for review. These *Standards and Guidelines* are not yet approved. We anticipate approval in March 2022, and they will be shared with the community in April 2022. There will be an implementation period, and you will receive a timeline, as some items will require time for programs to implement.



**Standards and Guidelines  
for the Accreditation of Educational Programs in  
Medical Assisting**

**Standards initially adopted in 1969;  
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015, xxxx, and effective XXXX**

**Developed by the  
Medical Assisting Education Review Board**

**Endorsed by  
American Association of Medical Assistants  
American Medical Technologists  
National Healthcareer Association**

**and**

**Approved by the  
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 Medical Assisting Education Review Board (MAERB).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the *medical assisting* profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

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

**Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the American Association of Medical Assistants, the American Medical Technologists, the National Healthcareer Association, and the Medical Assisting Review Board 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 and Guidelines for the Accreditation of Educational Programs.** CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

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

## Description of the Profession

Medical assistants are multiskilled health professionals specifically educated to work in a variety of healthcare settings performing clinical and administrative duties. The practice of medical assisting necessitates mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

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## I. Sponsorship

### A. Program Sponsor

A program sponsor must be at least one of the following:

1. A post-secondary 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.
2. A hospital or medical center or other governmental medical service, which is accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and must be authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate at the completion of the program.
3. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a certificate at the completion of the program.
4. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meeting the requirements of a program sponsor set forth in I.A.1 – 1.A.3.

### B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and

3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

*Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.*

## II. Program Goals

### A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: "To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a medical assistant. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

### B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

*Program advisory committee meetings may be conducted using synchronous electronic means.*

## III. Resources

### A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;

10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

*“Clinical affiliates” are locations used as practicum sites.*

*Equipment and supplies should be representative of those used in the achievement of the psychomotor and affective competencies in the MAERB Core Curriculum listed in Appendix B of these Standards.*

## **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 all aspects of the program, including but not limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development and oversight of outcomes.

#### **b. Qualifications**

The program director must

- 1) Be an employee of the sponsoring institution;
- 2) Possess a minimum of an associate degree;
- 3) Be credentialed in good standing in medical assisting, by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI);
- 4) Have medical or allied health education or training and experience related to the profession of medical assisting; and
- 5) Have documented education in instructional methodology.

*Instructional methodology education may be demonstrated by documentation of completed workshops, in-service sessions, seminars, or completed college courses on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.*

### **2. Faculty/Instructional Staff**

#### **a. Responsibilities**

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student’s progress in meeting program requirements.

#### **b. Qualifications**

Faculty/instructional staff must be effective in teaching and knowledgeable in the MAERB Core Curriculum content included in their assigned teaching as documented by education or

experience in the designated content area and have documented education in **instructional methodology**.

*Medical assisting faculty includes individuals who teach courses specifically designed and unique to the medical assisting program.*

**Instructional methodology education** may be demonstrated by documentation of completed workshops, in-service sessions, seminars, or completed college courses on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

### 3. Practicum Coordinator

#### a. Responsibilities

The practicum coordinator must

- 1) select and approve appropriate practicum sites;
- 2) coordinate practicum education;
- 3) ensure documentation of the evaluation and progression of practicum performance;
- 4) ensure orientation to the program's requirements of the personnel who supervise or instruct students at practicum sites; and
- 5) coordinate the assignment of students to practicum sites.

*The responsibility of the practicum coordinator may be fulfilled by the program director, faculty member(s), or other qualified designee provided qualifications of all designated roles are met.*

#### b. Qualifications

The practicum coordinator must

1. possess knowledge of the MAERB Core Curriculum;
2. possess knowledge about the program's evaluation of student learning and performance; and
3. ensure appropriate and sufficient evaluation of student achievement in the practicum experience.

### C. Curriculum

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, **course activities sequence and timeline**, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

*Learning objectives include The MAERB Core Curriculum cognitive objectives and psychomotor and affective competencies.*

The program must demonstrate that the curriculum offered meets or exceeds the MAERB Core Curriculum listed in Appendix B of these **Standards**.

**A supervised practicum** of at least 160 contact hours in a healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.

On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

*The program should ensure that the supervised practicum and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.*

*The program should ensure that students achieve the MAERB Core Curriculum psychomotor and affective competencies before performing them at the practicum.*

**CAAHEP supports and encourages innovation in the development and delivery of the curriculum.**

#### **D. Resource Assessment**

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

### **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 curriculum competencies in the required learning domains.

*“Achievement of the curriculum competencies” means that each student has successfully achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.*

**Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.**

##### **2. Documentation**

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

#### **B. Outcomes**

The program must meet the established outcomes thresholds.

##### **1. Assessment**

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, **placement in full or part time employment** in the profession or in a related profession, and programmatic summative measures.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education **related to progressing in health professions** or serving in the military are counted as placed.

*“Programmatic summative measures” means that graduates have achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.*

*A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).)*

*Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.*

## **2. Reporting**

At least annually, the program must submit to the Medical Assisting Education Review Board the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Medical Assisting Education Review Board that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

## **V. Fair Practices**

### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
  - a. Sponsor’s institutional and programmatic accreditation status;
  - b. Name and website address of CAAHEP;
  - c. Admissions policies and practices;
  - d. Policy on technical standards
  - e. Occupational risks;
  - f. Policies on advanced placement, transfer of credits and credits for experiential learning;
  - g. Number of credits required for completion of the program;
  - h. Availability of articulation agreements for transfer of credits;
  - i. Tuition/fees and other costs required to complete the program;
  - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
  - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
  - a. Academic calendar;
  - b. Student grievance procedure;
  - c. Appeals process;
  - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
  - e. Policies by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the Medical Assisting Education Review Board.

### **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.

### **C. Safeguards**

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. **Medical Assistant students must be readily identifiable as students.**

All activities required in the program must be educational and students must not be substituted for staff.

### **D. Student Records**

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. **Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.**

### **E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to *MAERB* in a timely manner. Additional substantive changes to be reported to the MAERB, 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 in the award level (i.e. degree to certificate/diploma or certificate/diploma to degree);
5. Change of clock hours to credit hours or vice versa;
6. Substantial increase/decrease in clock or credit hours for successful completion of a program; and
7. **Addition of an apprenticeship component to a program.**

*Programs should report all curriculum changes to the MAERB*

### **F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.