

**NOTE:** This document contains the changes that the 2015 *Standards* includes. There are some minor wording changes that have not been included, but the focus is on the change in requirements. Please see the posted “Implementation Chart” for details about the implementation of the 2015 *Standards and Guidelines*.

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

**Essentials/Standards initially adopted in 1969;  
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015**

**Adopted by the  
American Association of Medical Assistants  
American Medical Association  
And 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 and Guidelines** 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 in narrative form.

### **Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and 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 and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** 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.

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**Description of the Profession:** Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires 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. Sponsoring Educational Institution**

A sponsoring institution 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 foreign post-secondary academic institution acceptable to CAAHEP, and authorized under applicable law or other acceptable authority to provide a post-secondary education 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 in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

### **C. Responsibilities of Sponsor**

The Sponsor must ensure that the provisions of these **Standards and Guidelines** 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 must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

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 the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of healthcare 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 at least each of the communities of interest named in these **Standards**, 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.

*[Advisory committee meetings may include participation by synchronous electronic means.](#)*

### **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 must include, but are not limited to, faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

*"Clinical affiliates" are locations used as practicum sites.*

*Equipment and supplies should be representative of those used in ambulatory healthcare facilities.*

#### 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 program effectiveness, including outcomes, organization, administration, continuous review, planning, and development.
- b. Qualifications: The program director must:
  - 1) be a full-time employee of the sponsoring institution.
  - 2) have a minimum of an associate degree.
  - 3) have instruction in educational theory and techniques.
  - 4) 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). Currently approved program directors without a credential from an accredited credentialing exam must meet that requirement within two years from the effective date of these Standards.
  - 5) have a minimum of three years of employment in a healthcare facility, including a minimum of 160 hours in an ambulatory healthcare setting performing or observing administrative and clinical procedures as performed by medical assistants.
  - 6) have a minimum of one year teaching experience in postsecondary and/or vocational/technical education.

Program directors approved under previous CAAHEP **Standards** who are employed part time, and/or who do not have a minimum of an associate degree, and/or who have fewer than 160 hours in an ambulatory healthcare setting performing or observing administrative and clinical procedures as performed by medical assistants, and/or who do not have one year of teaching experience, will continue to be approved provided they remain continuously employed as the program director with the same program.

Maintaining knowledge of current medical assisting practice should include continuing education in administrative and clinical areas as indicated in the MAERB Core Curriculum Appendix B of these **Standards** (documented annually).

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

## 2. Faculty and/or Instructional Staff

a. Responsibilities: Medical assisting faculty and/or instructional staff must direct student learning and assess student progress in achieving the requirements of the program in the appropriate learning domains.

b. Qualifications: Medical assisting faculty and/or instructional staff must be current and competent in the MAERB Core Curriculum objectives included in their assigned teaching, as evidenced by education and/or experience, and have instruction in educational theory and techniques.

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

## 3. Practicum Coordinator

~~b.a.~~ Responsibilities: The practicum coordinator must:

- 1) select and approve appropriate practicum sites.
- 2) provide orientation for the on-site supervisors.
- 3) provide oversight of the practicum experience, ~~including on-site assessment.~~
- 4) ensure appropriate and sufficient evaluation of student achievement in the quality of learning opportunities at least once during each term students are assigned to the Practicum site~~practicum experience.~~

*The responsibilities of the practicum coordinator may be fulfilled by the program director, faculty member(s), or other qualified designee.*

~~e.b.~~ Qualifications: The practicum coordinator must be knowledgeable about the MAERB Core Curriculum, knowledgeable about the program's evaluation of student learning and performance, and effective in ensuring appropriate and sufficient evaluation of student achievement in the practicum experience.

## C. Curriculum

1. 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 or addendum to the syllabi that include course description, learning objectives, methods of evaluation, topic outline, and competencies required for graduation.

Syllabi and any addenda should be provided prior to instruction.

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

2. The program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the *MAERB Core Curriculum* (Appendix B).
3. Practicum

a) An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing psychomotor/clinical and affective competencies, administrative duties must be completed prior to graduation.

a)b) 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 practicum experience 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 all applicable cognitive objectives, and psychomotor and affective competencies be achieved prior to the start of any practicum.*

#### **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 the resource assessment matrix should be the following: 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 practicum performance expectations and designed to assess competency attainment.*

*"Achievement of the competencies" means that each student has successfully achieved 100% of the MAERB Core Curriculum psychomotor and affective competencies taught within that course. There should be a statement in the grading policy informing students that, in order to earn a passing grade in the course, the student must successfully complete all of the psychomotor and affective competencies in the course.*

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

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

#### **B. Outcomes**

##### **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 must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. [A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.](#)*

*[“Programmatic summative measures” means that all graduates have achieved 100% of the MAERB Core Curriculum psychomotor and affective competencies.](#)*

*“National credentialing examinations” are [those medical assisting exams containing clinical and administrative items](#) accredited by the National Commission for Certifying Agencies (NCCA) or American National Standards Institute (ANSI). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination(s), or alternative examination(s) offered by the same credentialing organization, is/are available to be administered prior to graduation from the program. Results from said alternative examination(s) may be accepted, if designated as equivalent by the same organization whose credentialing examination(s) is/are so accredited.*

## **2. Outcomes Reporting**

The program must periodically submit to the MAERB the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), 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 MAERB 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, mailing address, web site address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); 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.
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 for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and [make available to the public](#), current and consistent [summary](#) information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.*

**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 accordance 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, students, faculty, and other participants 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.

*Safeguards may include OSHA and CDC guidelines, and any state, local or institutional guidelines/policies related to health and safety.*

**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/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; and
6. Substantial increase/decrease in clock or credit hours for successful completion of 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 sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

Practicum agreements must include a statement that students must be supervised and must not receive compensation for services provided as a part of the practicum.

*Agreements or memoranda of understanding should be reviewed periodically to ensure consistency with the **Standards**.*