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Educator eligibility

Why the Certifying Board continues to require CAAHEP or ABHES graduation for the CMA (AAMA) Certification Examination

A question that is frequently asked is why there is no special eligibility pathway for medical assisting educators to take the CMA (AAMA) Certification Examination other than graduation from a medical assisting program accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). Because of the importance of this issue, the Certifying Board (CB) of the American Association of Medical Assistants (AAMA) has reviewed this eligibility requirement approximately once every 18 months for the past 10 years. The purpose of this article is to explain why the CB continues to take the position that requiring all candidates to be graduates of a CAAHEP- or ABHES-accredited medical assisting program is in the best interests of patients, other health care professionals, and CMAs (AAMA).

The purpose of credentialing health care professionals

The ultimate purpose of credentialing health care professionals, whether through certi-

fication or licensure, is to protect patients, overseeing health care professionals, and peer or subordinate health care professionals from incompetent and/or unethical health care workers. To fulfill this purpose, a credentialing body (such as the CB) must do the following in order to identify professionals who demonstrate sufficient didactic knowledge, psychomotor skills, and professional attributes and characteristics:

- Create a psychometrically sound assessment instrument, such as the CMA (AAMA) Certification Examination
- Determine appropriate examination eligibility requirements that are in alignment with the purpose of the credential
- Establish meaningful continuing competency requirements

The emergence of accreditation standards for medical assisting academic programs

As the unique mix of medical assistants' administrative and clinical skills came to

be recognized in the 1950s and 1960s, the American Medical Association (AMA), other professional societies of physicians, and individual physicians began to prefer formally educated medical assistants to those trained on the job. Physician organizations also sought greater standardization of medical assisting education. This was accomplished by the establishment of standards for medical assisting programs in postsecondary schools.

Evolving curriculum requirements for accredited programs (1969–present)

During the early decades of its existence, the medical assisting profession was more administrative than clinical. This was reflected in the curriculum requirements for accredited medical assisting programs at that time.

The first *Essentials of an Accredited Educational Program for Medical Assistants (Essentials)* (1969) of the Council on Medical Education of the AMA—a predecessor body of the Committee on Allied Health Education and Accreditation (CAHEA) and CAAHEP—

required a student to demonstrate skill in only the following clinical areas¹:

- Preparing the patient for examination
- Taking temperature, blood pressure, pulse, and respiration
- Assisting the physician
- Care of the examination room
- Sanitation, asepsis, and sterilization

The 1977 *Essentials* delineated the clinical duties of medical assistants as follows²:

- Preparing the patient for examination
- Obtaining vital signs
- Taking medical histories
- Assisting with examinations and treatments
- Performing routine office laboratory procedures and electrocardiograms
- Sterilizing instruments and equipment for office procedures
- Instructing patients in preparation for X-ray and laboratory examinations

The 1984 *Essentials* of CAHEA added the following curriculum objective: “The student should be able to: administer specified medications at the direction of the physician.”³

The 1999 CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting (Standards)* added the following clinical procedures to be taught to clinical competence: perform venipuncture, perform capillary puncture, and apply pharmacology principles to prepare and administer oral and parenteral medications.⁴

Evolving employer expectations for clinical skills of medical assistants (1985–present)

By the latter half of the 1980s, an increasing number of employers were realizing who medical assistants were and how valuable they could be in an outpatient health care delivery setting. Generally, employers were more frequently expecting medical assistants to be knowledgeable and competent not only in administrative tasks but also in clinical tasks, such as admin-

istration of intramuscular, intradermal, and subcutaneous injections; performing venipuncture/phlebotomy; and performing electrocardiography. (These evolving employer expectations were primary drivers for the changes in the curriculum of accredited programs presented in the previous section.)

Eligibility pathways for the CMA (AAMA) Certification Examination (1980–1995)

During the 1980s and the first half of the 1990s, the following individuals were eligible for the CMA (AAMA) Certification Examination:

- Graduates of medical assisting programs accredited by CAHEA, the predecessor body of CAAHEP
- Anyone who had one year of full-time, or two years of part-time, health work experience under the supervision of a licensed health care professional
- An individual teaching in a medical assisting academic program

Response by AAMA leadership bodies to scope-of-practice challenges and the changing employment environment

Faced with increasing challenges to the right of CMAs (AAMA) to be delegated certain clinical tasks, and the burgeoning desire by employers to be able to delegate such tasks, the AAMA Board of Trustees (BOT) established an Ad Hoc Committee on the Legality of Clinical Procedures (Ad Hoc Committee) in 1993. The Ad Hoc Committee recommended to the CB and BOT that only graduates of CAAHEP-accredited medical assisting programs should be eligible for the CMA (AAMA) Certification Examination.

The rationale of the Ad Hoc Committee for its recommendation was protection of the health, safety, and welfare of patients, health care providers (such as physicians, nurse practitioners, and physician assistants), other health care professionals, and CMAs (AAMA) them-

selves. Specifically, the Ad Hoc Committee concluded that—by ensuring that all future CMAs (AAMA) would have demonstrated both psychomotor skills as well as didactic knowledge by completing a CAAHEP-accredited medical assisting program—the AAMA would be able to fend off attacks on the practice rights of CMAs (AAMA).

The Ad Hoc Committee recommendation was debated vigorously by both the CB and BOT, as well as by the AAMA Continuing Education Board (CEB) and the Curriculum Review Board (the predecessor body of the Medical Assisting Education Review Board) of the AAMA Endowment. After its February 1995 meeting, the BOT informed leaders of the AAMA state societies that the Ad Hoc Committee proposal was being discussed, and asked for comments and questions from the state societies. After reviewing the feedback from the state societies at its June 1995 meeting, the BOT scheduled an open forum at the AAMA 1995 Annual Conference in San Antonio to discuss the proposal. At the conclusion of the open forum, the CB and BOT met separately. Both boards voted to accept the recommendation of the Ad Hoc Committee. The CB decided that—beginning with the June 1998 administration of the CMA (AAMA) Certification Examination—only graduates of CAAHEP-accredited medical assisting programs would be eligible to take the CMA (AAMA) Certification Examination for initial certification and become CMAs (AAMA).

After further research, the CB voted in 2002 to allow graduates of medical assisting programs accredited by ABHES to sit for the CMA (AAMA) Certification Examination. The only bodies authorized to accredit medical assisting academic programs are ABHES and CAAHEP.

Justifications for the pathway change for the CMA (AAMA) Certification Examination

The legal and ethical responsibility of the CB

As stated above, the legal and ethical duty of a credentialing body of health care pro-

professionals is to differentiate individuals with the required competence and knowledge from individuals who do not have the required competence and knowledge. When medical assisting was more administrative than clinical, the CB appropriately permitted medical assistants without formal medical assisting education to sit for the CMA (AAMA) Certification Examination. However, as employers began to insist that medical assistants have more psychomotor proficiencies in clinical tasks, and as accreditation requirements for medical assisting programs were modified to reflect employer expectations, the CB prudently changed its eligibility pathways.

Reinforcing this decision by the CB was the change in state medical assisting laws. In the 1980s and 1990s, a few state legislatures enacted laws that required medical assistants performing certain tasks to have graduated from a medical assisting program and/or to have obtained and maintained a medical assisting credential, such as the CMA (AAMA). A few state boards of medical examiners adopted regulations with similar requirements. Therefore, the recommendation of the Ad Hoc Committee, and the adoption of the recommendation by the CB and BOT, were necessary for the CB to continue to fulfill its legal and ethical obligation of promulgating eligibility requirements in alignment with legal realities and expectations.

Psychomotor skills cannot be verified on a computer-based or paper-and-pencil test

A computer-based or paper-and-pencil test can provide evidence about whether an examinee knows how to do a task. For example, responses to multiple-choice questions can shed significant light on whether an examinee knows the correct sequence of steps to follow when performing a task. However, a computer-based or paper-and-pencil test cannot measure whether an examinee has the psychomotor ability to execute a task.

Teaching in a medical assisting program does not necessarily ensure knowledge of all aspects of the discipline of medical assisting or psychomotor competence in the full range of medical assisting tasks and skills.

The ability to impart information to students in a manner that facilitates learning is one of the most important skills an educator can have. As is the case with medical assisting and other disciplines, however, teaching ability is different from the ability to perform tasks.

Consequently, creating a pathway to the CMA (AAMA) Certification Examination other than graduation from a CAAHEP- or ABHES-accredited medical assisting program could result in individuals holding the CMA (AAMA) credential who do not possess the full range of didactic knowledge and psychomotor skills expected of medical assistants as identified in the occupational analyses of the medical assisting profession and the *CMA (AAMA) Certification/Recertification Examination Content Outline*.⁵

One pathway protects rights to practice

The eligibility of medical assisting educators for the CMA (AAMA) Certification Examination is a vitally important issue. The position of the CB is based on the reality that creating an eligibility pathway for medical assisting educators would result, in effect, in two categories of CMAs

(AAMA)—those who have graduated from a CAAHEP- or ABHES-accredited medical assisting program and those who have not. Such a state of affairs would hinder the ability of the AAMA to protect the right to practice of CMAs (AAMA). ♦

Questions? Contact CEO Balasa at dbalasa@aama-ntl.org, or call the AAMA at 800/228-2262.

References

1. American Medical Association Council on Medical Education. *Essentials of an Accredited Educational Program for Medical Assistants*. Chicago, IL: American Medical Association; 1969.
2. American Medical Association. *Essentials of an Accredited Educational Program for the Medical Assistant*. Chicago, IL: American Medical Association; 1977.
3. American Medical Association, Committee on Allied Health Education and Accreditation. *Essentials and Guidelines of an Accredited Educational Program for the Medical Assistant*. Chicago, IL: American Medical Association; 1984.
4. Commission on Accreditation of Allied Health Education Programs. *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. <http://www.caahep.org/documents/medicalassistant1999.pdf>. Updated 1999. Accessed June 16, 2016.
5. American Association of Medical Assistants. *CMA (AAMA) Certification/Recertification Examination Content Outline*. <http://aama-ntl.org/docs/default-source/cma-exam/exam-content-outline.pdf?sfvrsn=20>. Updated December 2015. Accessed June 16, 2016.



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