



By Donald A. Balasa, JD, MBA  
AAMA Chief Executive Officer and Legal Counsel

# Standards for Ambulatory Care and the CMA (AAMA) credential

## TJC document reinforces the importance of certification and does not limit scope of practice

The American Association of Medical Assistants (AAMA) Executive Office has been receiving an increasing number of questions about the *Standards for Ambulatory Care (SAC)* of The Joint Commission (TJC) and their impact on the scope of practice of medical assistants. My legal opinion is that the current edition of the SAC does not supersede state and federal medical assisting laws, and thus does not reduce the scope of practice of medical assistants. Furthermore, several features of the CMA (AAMA) Certification Program are consistent with the SAC, and consequently reinforce and magnify the preeminence of the CMA (AAMA) credential.

*(The following analysis is based on information in the 2014 edition of The Joint Commission Standards for Ambulatory Care.)*

### SAC and scope of practice

The SAC seeks to ensure that all health care professionals working in the outpatient setting are abiding by their legally defined scopes of practice. HR.01.02.07 is as follows: “The organization determines how staff function within the organization.” Note the following Elements of Performance of this standard<sup>1</sup>:

1. All staff who provide patient care, treatment, or service possess a current license, certification, or registration, in accordance with law and regulation.
2. Staff who provide patient care, treatment, or services *practice within the scope of their license, certification, or registration and as required by law and regulation.* [Emphasis added.]

There is nothing in The Joint Commission *Standards for Ambulatory Care* that overrides or supersedes state or federal law governing the scope of practice of medical assistants.

### TJC requires verification of staff qualifications

Standard HR.01.02.05 of the SAC is as follows: “The organization verifies staff qualifications.” The Elements of Performance of HR.01.02.05 include the following<sup>1</sup>:

1. When law or regulation requires care providers to be *currently* licensed, certified, or registered to practice their professions, the organization both verifies these credentials with the primary source and documents this verification

when a provider is hired and when his or her credentials are renewed. [Emphasis added.]

Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.

Note also the following point in HR.01.02.05<sup>1</sup>:

2. When the organization requires licensure, registration, or certification not required by law and regulation, the organization both verifies these credentials and documents this verification at time of hire and when credentials are renewed.

The above excerpt from HR.01.02.05 demonstrates the importance of CMAs (AAMA) keeping their credential current, especially in states that require medical assistants to have the CMA (AAMA) for certain purposes. The fact that employers and other parties can verify on the AAMA website whether a medical assistant holds a current CMA (AAMA) provides a great service for employers and prospective employers.

### Distinguishing the CMA (AAMA) credential in education and experience

Note the following point in HR.01.02.05<sup>1</sup>:

3. The organization verifies and documents that the applicant has the *education* and *experience* required by the job responsibilities. [Emphasis added.]

The CMA (AAMA) is the only medical assisting certification that limits eligibility to candidates who have completed a postsecondary, *accredited* medical assisting academic program. Other medical assisting credentialing bodies permit an individual to take their tests without having any formal medical assisting education. Because

hands-on, psychomotor competencies cannot be measured conclusively by a paper-and-pencil or computer-based test, the mandatory education requirement—which must include a practicum of 160 hours or more—distinguishes the CMA (AAMA) from all other medical assisting credentials, and provides employers, patients, malpractice insurance carriers, and third-party accrediting bodies such as The Joint Commission and the National Committee for Quality Assurance (NCQA) with tangible evidence that CMAs (AAMA) are not only knowledgeable about the multifaceted dimensions of the profession, but also competent in the clinical and administrative duties that are required in ambulatory care delivery settings.

### The CMA (AAMA) advantage in continuing education

Standard HR.01.05.03 is as follows: “Staff participate in ongoing education and training.” Note the following Elements of Performance<sup>1</sup>:

1. Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
2. Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.

The emphasis on documentation of staff “ongoing education and training” is apparent from these Elements of Performance. The fact that transcripts of AAMA Continuing Education Units (CEUs) are readily available is a decided advantage for CMAs (AAMA) and their supervisors and employers, and should facilitate compliance with The Joint Commission *Standards for Ambulatory Care*.

The rigor of the review of applications for CMA (AAMA) recertifica-

## Definition of ambulatory care delivery settings

In its *Comprehensive Accreditation Manual for Ambulatory Care*, The Joint Commission includes the following delivery settings in its definition of ambulatory care<sup>2</sup>:

Surgery centers, community health centers, group practices, imaging centers, sleep labs, rehabilitation centers, student health centers, urgent care clinics, and other ambulatory providers

The term “organization” in the SAC includes the above delivery settings.

tion by continuing education is another point of superiority of the CMA (AAMA) Certification Program. Unlike some other allied health credentialing programs, which only review a random sample of applications, all CMA (AAMA) recertification by continuing education applications are reviewed by staff. ♦

### References

1. The Joint Commission. *2014 Standards for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Resources; 2014.
2. The Joint Commission. *Comprehensive Accreditation Manual for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Resources; 2012.

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*General questions about The Joint Commission Standards for Ambulatory Care, or specific questions that arise about medical assisting scope of practice during an audit by TJC, should be directed to AAMA Chief Executive Officer and Legal Counsel Donald A. Balasa, JD, MBA, at [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org), or 800/228-2262.*