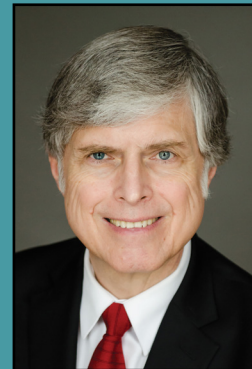


# Undue Influence on Academic Accrediting Bodies and Professional Certifying Boards Is Forbidden



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*The following is adapted from my presentation at the Commission on Accreditation of Allied Health Education Programs (CAAHEP) Symposium on January 17 and 18, 2025, in Lake Buena Vista, Florida.*

## Background and History

The CMA (AAMA)\* Certification Exam has been offered by the Certifying Board (CB) of the American Association of Medical Assistants\* (AAMA) since 1963. It is the AAMA's only professional certification. (The AAMA Continuing Education Board offers assessment-based certificates [ABCs] in geriatrics, pediatrics, electronic order entry, allied health education, and practice management. However, these ABCs are not professional certifications.) The CMA (AAMA) Certification Program has been accredited by the National Commission for Certifying Agencies (NCCA) since 2006.

Prior to June 1998, the primary eligibility pathways for the CMA (AAMA) Certification Exam were (a) graduation from a CAAHEP-accredited medical assisting program or (b) one year of full-time—or two years of part-time—health work experience under the supervision of a licensed health care professional.

Beginning in the early 1990s, employers wanted medical assistants to be knowledgeable and competent in a broader range of clinical tasks—especially intramuscular, intradermal, and subcutaneous injections and venipuncture. In response to this change in employer demand, the CB wanted to provide evidence that CMAs (AAMA) had the necessary psychomotor skills (as well as the necessary knowledge) to perform these

tasks. Having health care work experience did not guarantee that a medical assistant was proficient in performing these tasks. Graduating from a CAAHEP-accredited medical assisting program provided such evidence because of the competency requirements in accredited programs.

In 1995, to provide evidence that CMAs (AAMA) had demonstrated psychomotor competence in these tasks, the CB recommended to the AAMA Board of Trustees (BOT) that—starting in June 1998—only graduates of CAAHEP-accredited medical assisting programs would be eligible for the CMA (AAMA) Certification Exam.

The 1995 AAMA Bylaws required the BOT to approve policy changes proposed by the CB. In 1995, the BOT approved the pathway change.

## Undue Influence Forbidden by the NCCA Standards

Undue influence on accredited certification programs is forbidden by the NCCA *Standards for the Accreditation of Certification Programs* (NCCA Standards).

The NCCA, established in 1977, accredits certification programs in a wide array of professions. It accredits certification programs under its NCCA Standards. The NCCA Standards (a) prohibit undue influence on NCCA-accredited certification programs by (for example) membership organizations and academic accrediting bodies and (b) ensure certification program autonomy in decision-making over all essential certification activities. Note the following from the NCCA Standards:

### Standard 2: Governance and Autonomy

The certification program must be structured and governed in ways that are appropriate and effective for the profession, occupation, role, or specialty area; that ensure stakeholder representation; and that ensure *autonomy* in decision-making over all essential certification activities.

### Essential Elements:

- A. The program must have established policies and procedures showing that the governance structure and the process for selection and removal of certification board members protect against any *undue influence* that could compromise the integrity of the certification process.
- B. The certification organization must identify [its] status as a legal entity (or part of a legal entity) and demonstrate that the certification board has *autonomy* in decision-making for all essential certification policies and activities.

...

### Commentary:

...

2. *Essential certification decisions* refer to the core aspects of a certification program, such as eligibility standards; standards for initial certification and maintaining certification; disciplinary determinations; the development, administration, and scoring of examinations; and the selection of subject-matter experts (SMEs). [Emphases added.]<sup>1</sup>

If the CMA (AAMA) Certification Program were NCCA-accredited in 1995, the authority of the BOT to approve the CB's proposal to change the pathways *would* have constituted undue influence under the

NCCA Standards.

After the pathway change was implemented, some educators at medical assisting programs accredited by the Accrediting Bureau of Health Education Schools (ABHES) objected because they claimed that their graduates were just as well educated as CAAHEP graduates. ABHES threatened a lawsuit.

In response to the threatened ABHES lawsuit, the CB took the following actions:

- Compared the curriculum requirements of CAAHEP and ABHES.
- Compared scores of CAAHEP and ABHES graduates on the CMA (AAMA) Certification Exam. (Many ABHES graduates had taken the exam after work experience.)
- Sent observers to ABHES site visits with permission from ABHES.

Based on the evidence compiled, in 2002, the CB changed its eligibility pathways and allowed graduates of ABHES-accredited programs to take the CMA (AAMA) Certification Exam under the same conditions as CAAHEP graduates. ABHES accepted this pathway change and did not file a suit.

Some educators in CAAHEP-accredited medical assisting programs did not like the CB's decision to create a pathway for ABHES graduates. Some of them wanted the Curriculum Review Board (the CRB, the predecessor of the Medical Assisting Education Review Board [MAERB]) to take punitive action against the CB because of its eligibility pathway decision.

If the CRB, for example, had retaliated against the CB by not accepting performance on the CMA (AAMA) Certification Exam as an outcomes measure, this would have been *undue influence* on the CB. To its credit, the CRB did not take any retaliatory actions against the CB.

The AAMA Bylaws were amended in 2005 to grant autonomy to the CB.

Specifically, the authority of the BOT to approve CB policies was removed. The CMA (AAMA) Certification Program was accredited by the NCCA in 2006.

## Undue Influence Forbidden by CHEA Standards

Undue influence on academic accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) is forbidden by the *CHEA Standards and Procedures for Recognition (CHEA Standards)*.

CAAHEP is recognized by CHEA as a programmatic accrediting body. The *CHEA Standards* (a) prohibit *undue influence* on CHEA-recognized academic accrediting bodies by (for example) professional certifying boards and membership organizations and (b) ensure the *independence* of the accrediting bodies in making accreditation decisions. Note the following from the *CHEA Standards*:

### STANDARD 3. ACCREDITATION STRUCTURE AND ORGANIZATION

An accrediting organization demonstrates that it:

...

3.H. maintains *independence* from any sponsoring and/or parent organization with respect to all accreditation activities, reviews, actions, and decisions;

...

**Sponsoring and/or Parent Organization:** An organization with a direct or indirect affiliation or agreement with the accrediting organization. The affiliation may include any management, financial, or other oversight capacity *but does not limit, influence, or control accreditation activities*.

...

### 3.H. EXAMPLES OF SUGGESTED EVIDENCE:

Description of how the accrediting organization's accreditation activities are *separate and independent* from those of its parent. [Emphases added.]<sup>2</sup>

Historically, MAERB accepted the performance on only the CMA (AAMA) Certification Exam as an outcomes measure of student achievement.

MAERB changed its policy and accepted for exam outcomes measures other medical assisting exams that are NCCA-accredited and meet other requirements.

Some AAMA leaders disagreed with MAERB's decision to accept medical assisting exams other than the CMA (AAMA)

Certification Exam. Some delegates to the AAMA House of Delegates threatened to take punitive action against MAERB, such as directing the BOT to expel Accreditation Department staff from the AAMA Executive Office.

Coercive actions against MAERB and its staff by the AAMA would have violated the provisions of the *CHEA Standards* that require independence "from any sponsoring and/or parent organization with respect to all accreditation activities, reviews, actions, and decisions."<sup>2</sup>

## Key Takeaways

The NCCA Standards (a) prohibit undue influence on accredited certification programs and (b) ensure the autonomy of certification programs in making essential certification decisions. Such undue influence can come, for example, from a professional association or an academic accrediting body. Undue influence or lack of autonomy can prevent a certification program from becoming or remaining accredited by the NCCA.

The *CHEA Standards* require that recognized academic accrediting bodies (and their subsidiary accreditation-recommending bodies) (a) "maintain independence from any sponsoring and/or parent organization with respect to all accreditation activities, reviews, actions, and decisions" and (b) prevent a "Sponsoring and/or Parent Organization" from "limiting, influencing, or controlling accreditation activities."<sup>2</sup> Not meeting these requirements can prevent a CHEA-recognized academic accrediting body from obtaining or maintaining CHEA recognition. ♦

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Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at [DBalasa@aama-ntl.org](mailto:DBalasa@aama-ntl.org).

## References

1. National Commission for Certifying Agencies. *Standards for the Accreditation of Certification Programs*. Revised October 2021.
2. Council for Higher Education Accreditation. *CHEA Standards and Procedures for Recognition*. Accessed February 18, 2025. [https://www.chea.org/sites/default/files/other-content/CHEA\\_Standards\\_and\\_Procedures\\_for\\_Recognition-FINAL.pdf](https://www.chea.org/sites/default/files/other-content/CHEA_Standards_and_Procedures_for_Recognition-FINAL.pdf)