Why a *Strategic* (not *Traditional*) Occupational Analysis Is Essential for Medical Assisting Curriculum and Exam Development

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My Public Affairs article "Occupational Analyses: Why Such Studies Are Important for Examination *and* Curriculum Development"[1] was published in the July/August 2015 issue of *CMA Today* (now titled *Medical Assisting Today*). As the sciences of (1) curriculum development and (2) testing and measurement have progressed this past decade, I have come to the realization that *traditional* occupational analyses are no longer adequate for rapidly evolving professions such as medical assisting. (*Note: The term* occupational analysis *will be used in lieu of* job analysis *in this article.*)

The thesis of *this* article, therefore, is that a *strategic* occupational analysis is indispensable for (1) accurate updating of the "Core Curriculum" of the Commission on Accreditation of Allied Health Education Programs *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* and (2) the *Content Outline of the CMA (AAMA) Certification Exam*. Most importantly, my conviction is that a strategic occupational analysis is essential for the optimal positioning of the medical assisting profession in the allied health labor market. (*Note: The terms* occupation *and* profession *are used interchangeably in this article.*)

Traditional Occupational Analysis

According to a seminal article on strategic (occupational) analysis, traditional occupational analysis (TOA) techniques make "the implicit assumption that information about a job as it *presently* exists may be used to develop programs to recruit, select, train, and appraise people for the job as it will exist in the *future* [emphases in original]."[2] The obvious weakness of this assumption and approach is that future changes in the occupation may result in different elements of knowledge, skills, and professional attributes and behaviors (KSAs) being required for the occupation. Consequently, the philosophy and methodology of TOA may be classified as a *static* approach to arriving at the cognitive and psychomotor requisites of an occupation.

Strategic Occupational Analysis

Unlike traditional occupational analysis, strategic occupational analysis (SOA) "focuses on jobs as they will exist in the future."[3] Thus, SOA is especially appropriate for professions that are in transition.[3] According to a 2023 study about transitioning from TOA to SOA, conducting a gap analysis between the KSAs of the current profession and the projected KSAs needed for the profession in the future is an important element of an SOA.[4] Strategic occupational analysis, in contrast with TOA, may be considered a *dynamic* approach to determining the cognitive objectives and psychomotor competencies of a profession.

Medical Assisting in 2024 and Beyond: Observations and Questions of Importance for SOA

Nontraditional Medical Assisting Education Is Being Substituted for Traditional Postsecondary Medical Assisting Education.

In the United States, the number of accredited medical assisting programs in formal postsecondary academic institutions (primarily community colleges and vocational-technical schools) has been decreasing since 2011. The total number of students in these programs has also been declining. (These decreases have not occurred in every state and every region of every state.)

There have been many conjectures and debates about why these decreases have occurred. Research initiatives to pinpoint the causes of these declines should be an important part of a 2024 strategic occupational analysis of medical assisting.

A way to state this decrease is that the demand for alternative forms of medical assisting training is replacing the demand for traditional, postsecondary medical assisting education. Some of the nontraditional, alternative forms are in-house training programs in health systems and clinics; apprenticeship programs that include classroom instruction and hands-on work; truncated programs by training providers that only include certain medical assisting tasks and less classroom instruction; medical assisting programs being taught at the secondary (i.e., high school) level; and medical assistants being trained on the job.

It is uncertain whether this decrease in formal postsecondary medical assisting programs will continue. Indeed, there may be ways to lessen these declines and even

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reverse them. Therefore, devising realistic strategies to reverse the decreases should be a key component of SOA for medical assisting.

Are Alternatively Educated Medical Assistants Performing Less Advanced Tasks than Traditionally Educated Medical Assistants?

A corollary of the above observation about nontraditional training replacing formal, postsecondary medical assisting education is that two general categories of medical assistants have emerged based on their education and training. Another key 2024 strategic occupational analysis question should be whether the tasks performed by alternatively educated medical assistants are the same as, or different from, those done by formally educated medical assistants.

If alternatively educated medical assistants are doing less advanced duties, how does this fact affect the efficiency of ambulatory health care delivery settings? Is this altering the staffing configuration of outpatient settings and increasing the hiring of additional health professionals—such as registered nurses, licensed practical/vocational nurses, radiologic technologists, and registered dietitians? Are these new staffing patterns increasing the cost of delivering ambulatory care?

On the other hand, if alternatively educated medical assistants perform the same tasks as formally educated medical assistants, are these tasks performed at the same level of competence? If not, is patient safety being jeopardized by medical assistants with less knowledge and fewer skills?

Should Formally Educated Medical Assistants Be Taught and Delegated More Advanced Tasks?

If alternatively educated medical assistants are being delegated fewer and less advanced duties, would a viable SOA strategy be to include in the curriculum of accredited, postsecondary medical assisting programs more advanced tasks—perhaps tasks that previously have not been a part of the medical assisting scope of practice? There is a school of thought within SOA theory that—in times of change and disruption in a market for a profession—a curriculum should be redesigned to revitalize a profession by expanding its curriculum requirements to include duties that in the future *should be delegated* to members of a profession. The profession can be repositioned by including such duties to assume a different niche in the larger labor market.

(Adding tasks to a health profession is feasible only if relevant laws allow for such an expansion of scope.)

Should There Be Pathways for Entry into Medical Assisting by Other Health Personnel?

During this period of change, the medical assisting profession could be enriched by encouraging other allied health professionals to enter medical assisting by pursuing postsecondary, accredited medical assisting education. Certified nursing assistants, emergency medical technicians, dental assistants, military-trained health personnel, phlebotomists, and pharmacy technicians should be allowed to have their prior education, credentialing, and experience serve as entry points into medical assisting education, the CMA (AAMA)® credential, and the medical assisting profession.

Final Thoughts

My position is that traditional occupational analysis is no longer adequate for formulating a curriculum and constructing an exam blueprint for the medical assisting profession in 2024. Rather, strategic occupational analysis is essential for charting a correct course into the future. ✦

Questions and thoughts about this article may be directed to the author at DBalasa@aama-ntl.org.

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