Allied Health Accreditation Project

Shirley Greening, MS, JD*
Kevin J. Lyons, PhD*
Mary Robeson, MS*

* Thomas Jefferson University

Copyright ©2000 by the authors. Health Policy Newsletter is a quarterly publication of TJU, JHS and the Office of Health Policy and Clinical Outcomes, 1015 Walnut Street, Suite 115, Philadelphia, PA 19107.

Suggested Citation:
ALLIED HEALTH ACCREDITATION PROJECT

Allied health education programs must comply with standards set by allied health accreditation agencies. By establishing educational process and outcomes measures with which schools must comply, accreditation agencies help to ensure the quality of graduates from allied health programs. Since students studying in non-accredited programs can be denied federal education grants and loans, barred from eligibility for licensing examinations, and denied entry into practice, approval by an accrediting agency is crucial.

Allied health practitioners comprise about two-thirds of the health care workforce in the United States. However, in 1995 the National Commission on Allied Health reported that the number and mix of allied health professionals was insufficient to meet the demands of the nation's health care system, and that future demands will likely not be met unless this diverse allied health workforce was reorganized. The Commission's report identified accreditation requirements as one of a number of potential impediments to training, deploying, and utilizing allied health professionals in health care roles and settings typically occupied by other health professionals such as nurses and physicians.

Indeed, overly prescriptive or outdated accreditation standards can discourage educational innovation and unintentionally limit the scope of practice of some allied health professions. Professional associations, accrediting bodies, employers, and allied health professionals must assess whether current accrediting standards are valid and reliable indicators to measure educational effectiveness and outcomes. This assessment may reveal essential elements of educational content and/or process and indicate practices common to all allied health fields. The question then becomes "do accrediting agencies measure—and do accredited allied health programs deliver—the educational content that our allied health workforce really needs to practice competently?"

The Commission on Accreditation of Allied Health Educational Programs (CAAHEP) accredits educational programs in 18 allied health occupations including cardiovascular technology; cytotechnology; diagnostic medical sonography; electromyoneurodiagnostic technology; and medical assistant, perfusionist, physician assistant, and surgical technology. CAAHEP's accreditation requirements typically include Standards and Guidelines that describe each of these professions, as well as requirements for program organization, faculty roles, course content, program length, and student evaluation.

CAAHEP and the Bureau of Health Professions (BHPPr) in the U.S. Department of Health and Human Services collaboratively sponsored a study to assess the validity and reliability of accreditation Standards and Guidelines for the above eight professions. The Center for Collaborative Research (CCR) of the College of Health Professions of Thomas Jefferson University conducted this project during 1998 and 1999.

The CCR initially appointed and met with an advisory panel of representatives of the eight professions. A Likert Scale-type survey, based on the discipline-specific sections of the Standards, was developed and piloted for each of the eight professions. Surveys were administered to 50 participants in each profession.
Participants were stratified using the ratio of 5 practitioners to 3 educators to 2 employers.

Employing a Delphi technique (an interactive process to determine whether consensus exists within a group), each of the Standards in the surveys was assessed for content validity and importance. The underlying assumption was that accreditation standards are necessary to determine the ability of entry level practitioners to practice in a safe and effective manner.

**Findings**

There was no substantial disagreement about the importance of Standards or Guidelines within any of the professions. In all of the eight professions there was a high level of content validity of the Standards, as well as a high degree of internal consistency of the surveys.

Although analyses suggested that content validity and internal consistency of the Standards were extremely high, it was recommended that additional studies be conducted with some of the professions surveyed, primarily because of a small number of respondents, non-reflective of the general mix of the professional population.

Minor areas of disagreement existed among subgroups of Medical Assistants. Employers tended to rate Standards requiring competence in health care management, health systems awareness and health policy-related items less important than practitioners and educators. A more in-depth study of employers may be warranted to determine whether these areas reflect levels of importance to the profession as a whole or whether they reflect differences particular to respondents' practice sites.

While practitioners in each of these professions agreed that their profession’s accreditation standards reflect the scope of current practice, it remains to be seen if and how the professions will need to change in the future, and whether health care professionals outside of these disciplines agree with this study's findings.

More information on accreditation of allied health professions education programs can be found at: [http://www.caahep.org](http://www.caahep.org) and [http://www.naacls.org](http://www.naacls.org).

**About the Authors**

Shirley Greening, MS, JD, is Professor And Chairman of the Department Of Laboratory Sciences in the College of Health Professions, and Health Policy Liaison in the Center For Collaborative Research, Thomas Jefferson University. Kevin J. Lyons, PHD, is Associate Dean of the Colleges of Health Professions And Graduate Studies, and Director of the Center for Collaborative Research at Thomas Jefferson University. Mary Robeson, MS, is a Statistician for the Center for Medical Education and Health Care, Jefferson Medical College.