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Allied Health Accreditation Project

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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Indeed, overly prescriptive or outdated accreditation standards can discourage educational innovation and unintentionally limit the scope of practice of some allied health professions.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; electroneurodiagnostic 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 (BHP) 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> and <http://www.naacls.org>.

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