



# Standards and Guidelines for the Accreditation of Educational Programs for the Medical Scribe Specialist

Standards initially adopted in 2015; 2017

Adopted by the

**The American College of Medical Scribe Specialists  
The Medical Scribe Specialists Review Board  
and  
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Scribe Specialists Review Board.

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Medical Scribe Specialists profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

## **Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and American College of Medical Scribe Specialists cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Medical Scribe Specialist and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Medical Scribe Specialists programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

## **Description of the Profession**

The Medical Scribe Specialist enables real-time clinical documentation and workflow efficiencies to licensed clinicians in the healthcare system. The Medical Scribe collects information gathered at point-of-care under the direction of a licensed provider, and inputs data to create and maintain comprehensive and accurate electronic health records for the benefit of clinicians, healthcare staff, and patients.

## **I. Sponsorship**

### **A. Sponsoring Educational Institution**

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

### **B. Consortium Sponsor**

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

### **C. Responsibilities of Sponsor**

The Sponsor must ensure that the provisions of these Standards and Guidelines are met.

## **II. Program Goals**

### **A. Program Goals and Outcomes**

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

### **B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

*Advisory committee meetings may include participation by synchronous electronic means.*

### **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Medical Scribe Specialists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

*Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*

### **III. Resources**

#### **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

#### **B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

##### **1. Program Director**

###### **a) Responsibilities**

The Program Director must be responsible for program effectiveness, including outcomes, organization, administration, continuous review, planning, development, and provide supervision, administration and coordination of the instructional staff in the academic and clinical phases of the educational program.

*The program director should be full time.*

###### **b) Qualifications**

The Program Director must:

- 1) Possess a minimum of an Associate degree
- 2) Have instruction in educational theory and technique;
- 3) Be credentialed in a clinical health care discipline; and
- 4) Have a minimum of three (3) years of experience in health care.

*The credential should be from a credentialing organization accredited by the National Commission for Certifying Agencies or equivalent.*

*Instruction in education theory and technique may include college courses, seminars, in-service sessions on topics such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.*

##### **2. Faculty and/or Instructional Staff**

###### **a) Responsibilities**

Faculty must utilize instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.

###### **b) Qualifications**

Faculty must be:

- 1) knowledgeable in course content as evidenced by education and/or experience,
- 2) effective in directing and evaluating student learning; and
- 3) have instruction in educational theory and techniques

##### **3. Practicum Coordinator**

###### **a) Responsibilities**

The Practicum Coordinator must:

- 1) select and approve appropriate Practicum sites;
- 2) provide orientation for the on-site supervisor; and

- 3) provide oversight of the practicum experience, including assessment of student experiences and quality of learning opportunities

**b) Qualifications**

The Practicum Coordinator must be knowledgeable in program curriculum, as evidenced by education and/or experience and effective in ensuring appropriate and sufficient evaluation of student achievement in the practicum experience.

*Responsibilities of the Practicum Coordinator may be fulfilled by the Program Director, faculty member(s), or other qualified designee.*

**4. Clinical Faculty and/or Instructional Staff**

**a) Responsibilities**

In all clinical facilities where a student is assigned, there must be a qualified individual clearly designated as liaison to the Medical Scribe program.

**b) Qualifications**

Faculty must be:

- 1) knowledgeable in course content as evidenced by education and/or experience; and
- 2) effective in directing and evaluating student learning

**C. Curriculum**

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate that the content included in the program's curriculum meet or exceed those stated in the ACMSS Core Curriculum (Appendix B).

2. A supervised practicum in a hospital or ambulatory healthcare setting must be completed prior to graduation.

**D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

**IV. Student and Graduate Evaluation/Assessment**

**A. Student Evaluation**

**1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

**2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

## **B. Outcomes**

### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*“Positive placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.*

### **2. Outcomes Reporting**

The program must periodically submit to the MSSRB the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the MSSRB to develop an appropriate plan of action to respond to the identified shortcomings.

## **V. Fair Practices**

### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).*

### **B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

**C. Safeguards**

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

**D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

**E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ MSSRB in a timely manner. Additional substantive changes to be reported to MSSRB within the time limits prescribed include:

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change in the award level (i.e. degree to certificate/diploma or certificate/diploma to degree);
5. Change of clock hours to credit hours or vice versa; and
6. Substantial increase/decrease in clock or credit hours for successful completion of a program.

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

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**APPENDIX A**  
**Application, Maintenance, and Administration of Accreditation**

**A. Program and Sponsor Responsibilities**

**1. Applying for Initial Accreditation**

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it electronically or by mail to:

**Medical Scribe Specialists Review Board**  
25400 US Highway 19 N., Suite 158  
Clearwater, FL 33763

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Medical Scribe Specialists Review Board. The on-site review will be scheduled in cooperation with the program and Medical Scribe Specialists Review Board once the self-study report has been completed, submitted, and accepted by the Medical Scribe Specialists Review Board.

**2. Applying for Continuing Accreditation**

- a. Upon written notice from the Medical Scribe Specialists Review Board, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it electronically or by mail to:

**Medical Scribe Specialists Review Board**  
25400 US Highway 19 N., Suite 158  
Clearwater, FL 33763

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the Medical Scribe Specialists Review Board.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the Medical Scribe Specialists Review Board forwarding a recommendation to CAAHEP.

### **3. Administrative Requirements for Maintaining Accreditation**

- a. The program must inform the Medical Scribe Specialists Review Board and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the Medical Scribe Specialists Review Board of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the Medical Scribe Specialists Review Board that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The Medical Scribe Specialists Review Board has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the Medical Scribe Specialists Review Board of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the Medical Scribe Specialists Review Board in accordance with its policies and procedures. The time between comprehensive reviews is determined by the Medical Scribe Specialists Review Board and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay Medical Scribe Specialists Review Board and CAAHEP fees within a reasonable period of time, as determined by the Medical Scribe Specialists Review Board and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with Medical Scribe Specialists Review Board policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a Medical Scribe Specialists Review Board accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the Medical Scribe Specialists Review Board.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or

matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the Medical Scribe Specialists Review Board and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the Medical Scribe Specialists Review Board. The sponsor will be notified by the Medical Scribe Specialists Review Board of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

## **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the Medical Scribe Specialists Review Board forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the Medical Scribe Specialists Review Board forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The Medical Scribe Specialists Review Board's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the Medical Scribe Specialists Review Board forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The Medical Scribe Specialists Review Board's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the Medical Scribe Specialists Review Board arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**

**APPENDIX B**  
**CURRICULUM FOR EDUCATIONAL PROGRAMS FOR THE MEDICAL SCRIBE SPECIALIST**

The curriculum must include the following content:

1. Medical Terminology
2. Anatomy and Physiology
3. Pharmacological Terms
4. Legal Guidelines and Requirements for Healthcare
  - a. Centers for Medicare & Medicaid Services (CMS) Core Measures
    - 1) Outpatient
    - 2) Emergency Department (ED)
    - 3) Hospital
  - b. HIPAA Compliance
    - 1) Definitions of terms and acronyms
    - 2) Privacy requirements
    - 3) Security requirements
    - 4) Covered Entities
  - c. Adherence to Laws, Regulations, and Standards
    - 1) Federal
    - 2) State
    - 3) Local
    - 4) Healthcare accreditation standards
  - d. HITECH/MACRA
    - 1) Meaningful Use (MU)
      - a) Outpatient
      - b) Hospital/Emergency Department
    - 2) MACRA: MIPS and Alternative Payment Models (APM)
5. Principles of Billing, Coding and Reimbursement
  - a. Evaluation and Management codes (E/M codes)
  - b. International Classification of Diseases (ICD-10-CM)
  - c. Current Procedural Terminology (CPT)
  - d. Revenue cycle
6. Applications of Electronic Health Records
  - a. Functions of hospital or clinic Electronic Documentation Information Source (EDIS)
  - b. Basics of History and Physical documentation (H&P)
  - c. Core elements of charting
  - d. Personal Health Record (PHR)
  - e. Telehealth/Telemedicine
  - f. Mobile Integrated Healthcare (MIH)

7. Electronic Medical Record (EMR)
  - a. Core elements and components
  - b. Charting structure
  - c. E/M billing levels
    - 1) Outpatient
    - 2) Emergency
    - 3) Hospital
  - d. Computerized Provider Order Entry (CPOE)
    - 1) 5 Rights
    - 2) Credential
    - 3) Eligible Clinician (EC)
    - 4) Medication orders
    - 5) Laboratory orders
    - 6) Diagnostic imaging
  - e. Clinical Decision Support (CDS)
  - f. Basic computer theory and applications
  - g. Patient safety
8. Medical Procedures and Equipment
9. Professionalism Components
  - a. Ethics
  - b. Collaboration with healthcare personnel
  - c. Knowledge of allied health professions and credentialing
  - d. Career readiness
    - 1) Professional
    - 2) Credentialing
    - 3) Certification
  - e. Policies and Procedures (P&P), as directed by facility
  - f. Scope of Practice
10. Quality Improvement Outcomes
  - a. Disease Processes
  - b. Disease Treatment
  - c. Preventive Medicine/measures
  - d. Health and Wellness/Complementary Alternative Medicine (CAM)
11. Informational Workflow in Various Healthcare Settings
  - a. Outpatient
    - 1) Specialties
    - 2) Integrative Medicine
  - b. Emergency Department
  - c. Hospital

\*CMS revised/streamlined titles.