Joint Accreditation™ offers organizations the opportunity to be simultaneously accredited for multiple professions through a single, unified application process, fee, structure, and set of accreditation standards.

Benefits of Joint Accreditation

Education Providers

- Position your program as a strategic partner in healthcare improvement initiatives.
- Produce continuing education for athletic trainers, dentists, dietitians, nurses, optometrists, PAs, pharmacists, physicians, psychologists, and social workers, separately or together.

Executive Leadership

- Demonstrate a clear commitment to continuing education by the team, for the team to improve healthcare delivery and patient care.
- Discover specific ways to strengthen in-house continuing education programs.
- Gain economies of scale when producing staff development courses, since a variety of practitioners can now attend the same event.

Clinicians

- Earn continuing education credits to maintain licensure and/or certification.
- Enjoy opportunities to learn with/from and better understand colleagues with different expertise, while advancing your own expertise.

Joint Accreditation™ establishes the standards by which continuing education is planned by and for the healthcare team. This distinction is awarded to entities that demonstrated compliance with the standards by the cofounding accreditors—the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC)—on behalf of the collaborating accreditors.

Eligibility & Criteria

To be eligible for Joint Accreditation for Interprofessional Continuing Education, an organization needs to demonstrate that for the previous 18 months its structure and processes to plan and present education by and for the healthcare team have been fully functional; and that at least 25% of its educational activities have been designed by and for healthcare teams. In addition, the organization must demonstrate compliance with the Joint Accreditation criteria. For complete criteria, visit www.jointaccreditation.org.

Contact

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Meeting the Needs of Healthcare Teams and Their Patients

- National and international health leadership organizations have identified interprofessional education and team-based care as a critical component of healthcare improvement.

- There is a growing body of evidence demonstrating that participation in interprofessional continuing education (IPCE) improves healthcare professionals’ performance outcomes.

- IPCE credits are designed to encourage health professionals to participate in education that effectively improves interprofessional collaborative practice and health outcomes.

Meeting High Standards

- IPCE credits for learning and change can only be awarded by CE providers that are jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), and American Nurses Credentialing Center (ANCC).

- Jointly accredited CE providers must meet rigorous standards for educational quality and independence.

- The IPCE credit designation enables healthcare stakeholders to identify activities specifically designed to improve team collaboration and patient care.

Offering IPCE Credits

- The IPCE credit designation is only used for activities that have been planned by and for the healthcare team.

- Jointly accredited providers may include the IPCE credit mark and statement with their interprofessional continuing education activities in addition to the Joint Accreditation statement.

- IPCE credits identify team-based CE activities—they do not replace education or credits for individual professions. Activities that offer IPCE credits may also offer credits for individual professions.

- The IPCE credit is intended to complement other healthcare credit and metric systems.

IPCE is where members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (ACCME, ACPE, ANCC, 2015)