

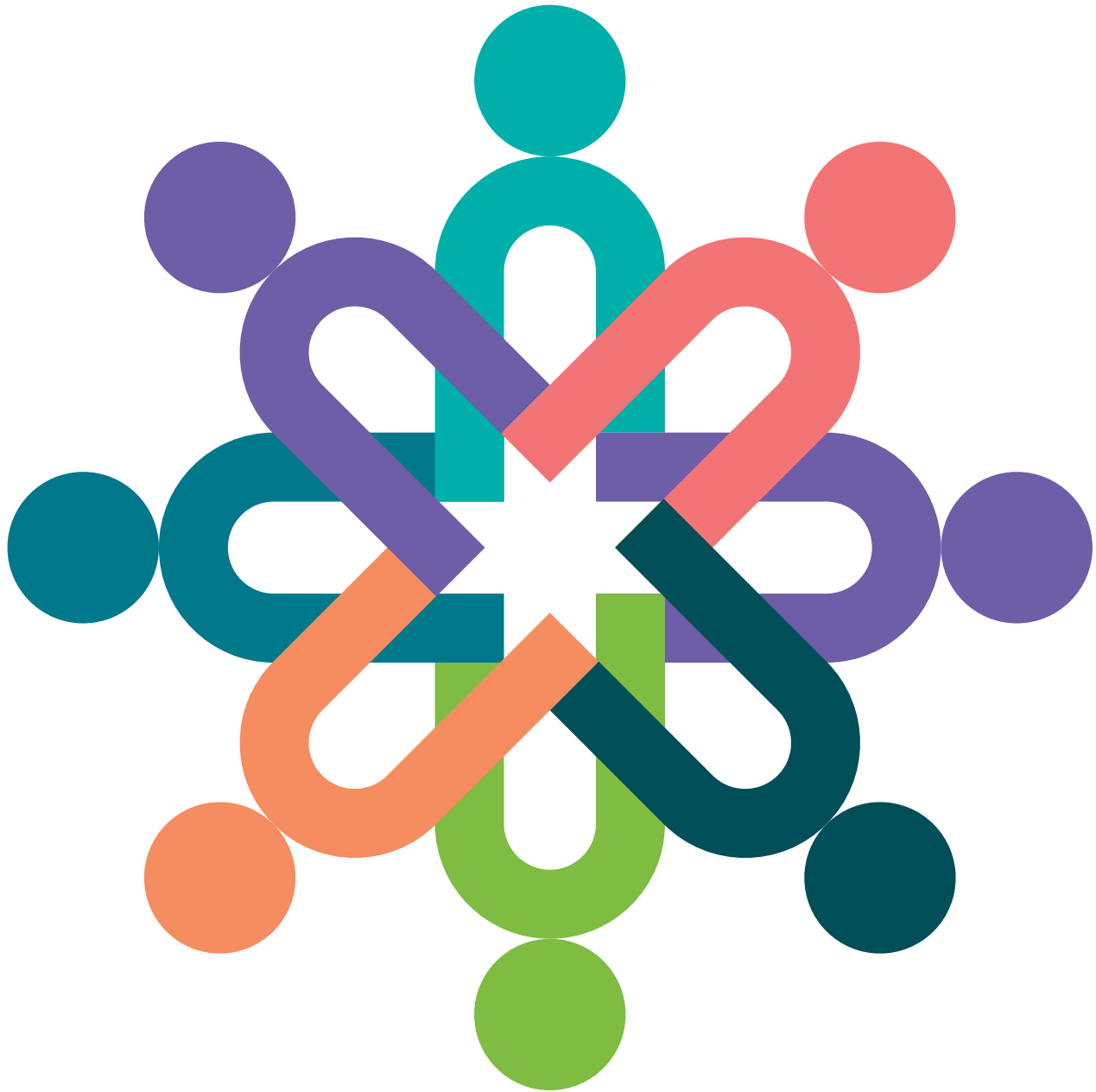


JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

The Accreditation Council for Continuing Medical Education (ACCME®)

The Accreditation Council for Pharmacy Education (ACPE)

American Nurses Credentialing Center (ANCC)



2025 Joint Accreditation Leadership Summit

Centered Together: Advancing Impact
Through Interprofessional Collaboration

June 23-24, 2025



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

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Introduction

Joint Accreditation for Interprofessional Continuing Education™ convened its 2025 Leadership Summit June 23-24. We opened with a spirit of reflection and connection, welcoming 188 attendees from 81 jointly accredited organizations and 10 additional organizations that have begun the pre-application process.

The Summit was convened by the three accreditors that cofounded Joint Accreditation: the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) Nursing Continuing Professional Development Accreditation™. See page 17 for the complete list of collaborating organizations.

Many thanks to the members of the Planning Committee for organizing a successful conference: Dionne Brown-Bushrod, MSW, LCSW-C, Association of Social Work Boards; Jennifer Graebe, DrPH, MSN, RN, NEA-BC, FAAN, American Nurses Credentialing Center; Jack Graham, JD, Great Valley Publishing Company; Courtney Hugo, MEd, MS, Geisinger College of Health Sciences; Marcia Martin, Accreditation Council for Continuing Medical Education; Molly Mooney, Cleveland Clinic; Daniel Pace, CHCP, American Academy of Physician Associates; Sierra Powell, Association of Regulatory Boards of Optometry/Council on Optometric Practitioner Education; Kate Regnier, MA, MBA, and Dion Richetti, Accreditation Council for Continuing Medical Education; Dimitra Travlos, PharmD, FNAP, Accreditation Council for Pharmacy Education; and Andrea Zimmerman, EdD, CHCP, HMP Education.

The purpose of the summit is to connect jointly accredited providers as leaders of interprofessional continuing education (IPCE) to celebrate achievements and explore strategies for advancing the impact of team-based education.

With the theme *Centered Together: Advancing Impact through Interprofessional Collaboration*, the Summit created space for shared reflection, innovation, and strategic growth. Over the course of two days, participants engaged in meaningful dialogue about the future of IPCE, gained practical tools for implementing the Commendation Criteria, and explored how inclusive, data-informed education can improve healthcare team performance and outcomes. Designed to foster connection and inspire action, the Summit affirmed the power of collaboration in creating lasting change for learners, organizations, and communities.

Joint Accreditation for Interprofessional Continuing Education™ Strategic Plan

ONE VISION, ONE MISSION: BY THE TEAM, FOR THE TEAM

To reflect the continued commitment to Joint Accreditation™, the following vision and mission were crafted to guide the program going forward.



This year's Summit was grounded in the new [Joint Accreditation Strategic Plan \(2024-2026\)](#), which sets forth the vision to advance interprofessional continuing education (IPCE) for all members of the health care team and mission to advance team-based learning to empower collaborative practice and elevate the standard of patient care.

Participants shared their goals for attending the summit, with Knowledge, Collaboration and Connection emerging as key objectives.



Welcome and Opening Reflections

PRESENTERS

Dionne Brown-Bushrod, MSW, LCSW-C, Director of Education, Association of Social Work Boards (ASWB)

Brittany Duke, MSW, LICSW-C, Program Manager, ASWB

Brittini Throgmorton, MSW, LCSW, Coordinator, ASWB

The 2025 Joint Accreditation Leadership Summit began with a session titled *Centered Together: A Reflective Start to the Summit*. In keeping with the Summit's theme, participants were invited to pause and reflect, both individually and collectively, on how they were arriving to the virtual event, what challenges their teams were facing, and the sources of resilience they draw upon in their daily work.

“

Think about a time when collaborating with someone from a different profession provided you with a different insight or changed your perspective.

- Brittini Throgmorton, ASWB

”

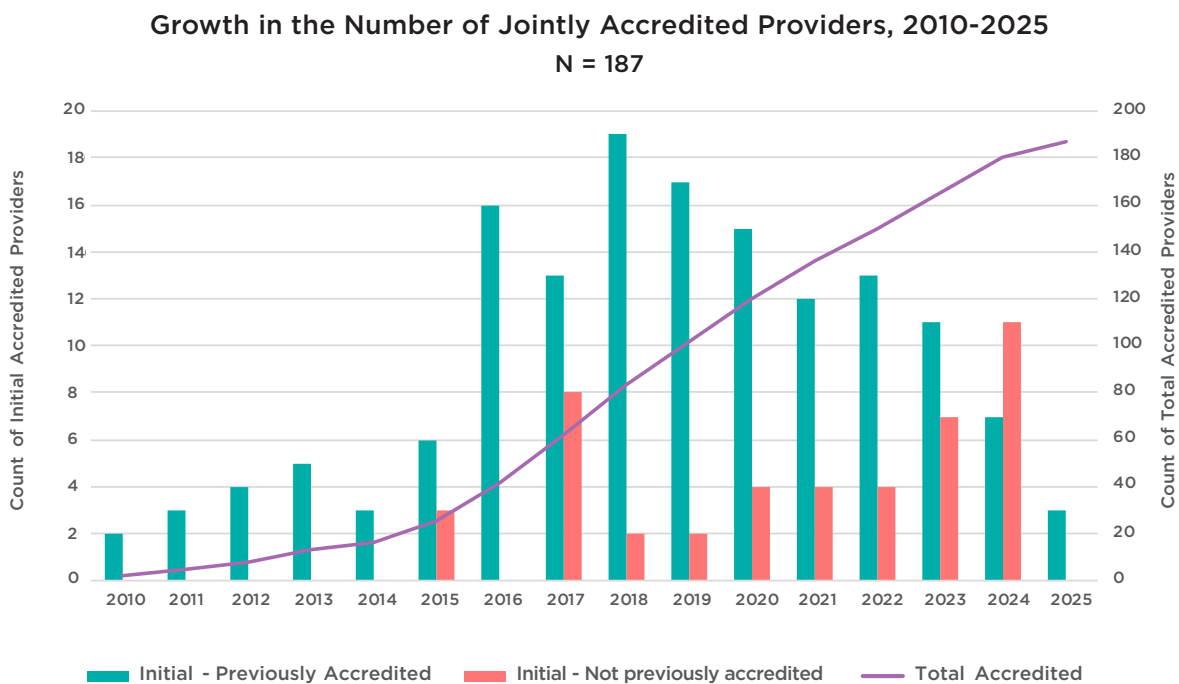
Using practices rooted in sensory awareness and reflective inquiry, the facilitators helped set a tone of mindfulness, openness, and shared humanity. Attendees explored the meaning of presence and purpose in their work as IPCE professionals and considered the transformative potential of interprofessional collaboration. The session concluded with an invitation to recognize the contributions of colleagues across professions and to carry those acknowledgments forward into the Summit conversations.

Our Growing Community

PRESENTER

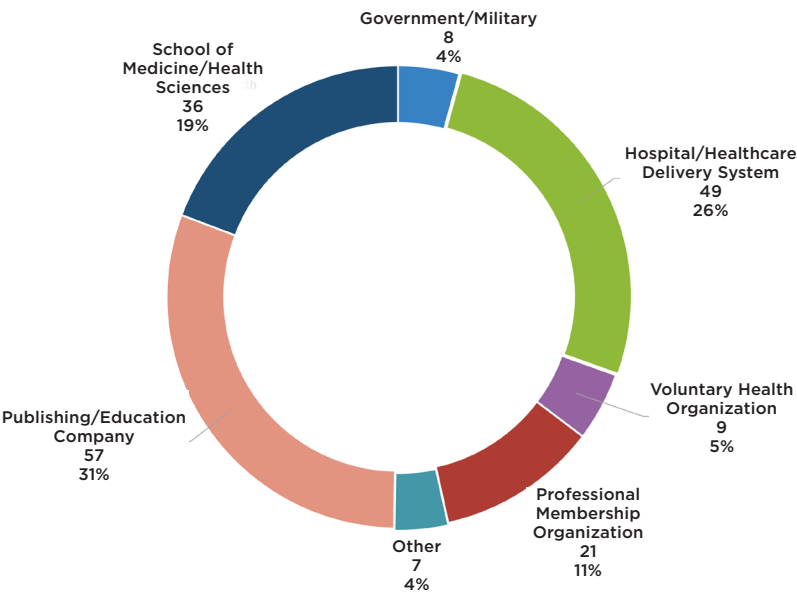
Kate Regnier, MA, MBA, Executive Vice President, ACCME

The jointly accredited community continues to thrive, demonstrating both steady growth and a shared commitment to educational excellence across the health professions. As of December 2024, there are 187 jointly accredited organizations—an increase from the previous year—highlighting the continued momentum behind interprofessional continuing education (IPCE). A growing number of applicants are coming forward for consideration that have not previously been accredited by one of the three founding members, representing an increasing awareness of the need and niche that Joint Accreditation fills. The community remains diverse, with accredited providers representing hospitals and health systems, medical schools, government agencies, membership organizations, and education companies.



Joint Accreditation maintains a strong growth rate, with approximately 20 organizations achieving initial Joint Accreditation each year. Providers are not only meeting accreditation requirements but also striving for excellence. A growing number of eligible providers (30%) submit for commendation each cycle, with a success rate of roughly 60%.

2024 Joint Accreditation Providers by Type



In 2024, jointly accredited providers offered more than 123,000 educational activities that generated nearly 34 million learner interactions, reflecting the scale and impact of IPCE in healthcare. These activities support a wide range of professions. The continued expansion in types of credit offered and learner engagement underscores the importance of our shared mission to improve healthcare through education.

Learner Interactions by Profession in 2024 (Total 33.98 million)

Profession	Percent of Total Learner Interactions
Nurses	35%
Physicians	26%
Pharmacists	10%
Pharmacy Technicians	5%
Physician Associates	3%
Social Workers	2%
Psychologists	<1%
Registered Dietitians / Dietetic Technicians	<1%
Dentists / Allied Dental Staff	<1%
Optometrist	<1%
Athletic Trainers	<1%
Other Learners	16%

Breakout Sessions: Advancing Impact through the Commendation Criteria

Summit participants selected from a series of breakout sessions that explored strategies for meeting specific [Commendation Criteria](#) in the [Joint Accreditation Framework](#). These sessions showcased practical examples, peer insights, and actionable takeaways to help IPCE teams advance their impact.

JAC 13: INCORPORATES PATIENT VOICE

The provider engages patients as planners and teachers in accredited IPCE and/or CE.

PRESENTERS

Scott Hershman, MD, FACEHP, CHCP, Senior Director, Accreditation & Joint Providership, Knowfully Medical Education: CME Outfitters

Lesley Niccolini, Senior Director, Center for Educational Excellence and Innovation, Boston Children's Hospital

This session focused on strategies for meaningfully incorporating the patient voice in CE/IPCE programs, both in content and design.

Key Takeaways

- Patient stories help humanize clinical content and enhance empathy in learners.
- Effective engagement of patient partners requires clear roles, communication, and long-term relationship building.
- Institutions can recruit through trusted internal programs such as Family Advisory Councils and Teen Advisory Committees.
- Patients should be prepared and supported to meaningfully contribute to CE as educators, not just storytellers.

The session emphasized distinguishing between compliant engagement (e.g., planning roles) versus token involvement (e.g., post-hoc testimonials).

JAC 17: UTILIZES PRACTICE-BASED HEALTH AND PATIENT DATA

The provider integrates the use of health and/or practice data in the planning and presentation of accredited IPCE and/or CE.

PRESENTERS

Laura Werts, Senior Director-Interprofessional/Continuing Medical Education
& Pratt Research Library, Cincinnati Children's

Megan Swartz, Director, Continuing Medical Education, Cedars-Sinai

This session explored how CE/IPCE providers can integrate health and patient data into the design, implementation, and evaluation of educational activities to better address clinical practice gaps and support system-level improvements.

Key Takeaways

- Use the data you already have: start with readily available internal data sources such as quality metrics, patient safety reports, or outcome dashboards to identify gaps and inform education.
- Partner with internal stakeholders: strong collaboration with clinical, analytics, and quality teams can help IPCE professionals translate data into meaningful educational interventions.
- Track alignment: JAC 17 does not require proving that education caused an outcome. Instead, it encourages documentation of how education is aligned with data-informed needs and priorities.
- Embed commendation into existing workflows: integrate JAC 17 into the activity planning process and utilize JA-PARS commendation tagging early and often.
- Start small and build: practical examples showed how piloting education tied to specific quality initiatives can lead to broader adoption and measurable improvement over time.

This session underscored that data-informed CE/IPCE is both achievable and impactful when approached through collaboration, intentional planning, and a willingness to evolve.

JAC 21: OPTIMIZES TECHNICAL AND PROCEDURAL SKILLS

The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners.

PRESENTERS

Elizabeth Ward, Executive Director, Rutgers Center for Continuing and Outreach Education

Vaughn Wurst, CHCP, Director, Office of CMIE, Perelman School of Medicine at University of Pennsylvania

This session explored how CE/IPCE programs can use direct observation and formative feedback to improve learners' technical and procedural competencies.

Key Takeaways

- Activities must include real-time observation and ongoing feedback during the learning process to qualify.
- Examples included hand hygiene, wound care, and advanced procedures like laparoscopic surgery.
- Consider identifying activities that are already aligned with JAC 21. Activities need not be interprofessional.
- Documentation included anonymized learner feedback and summaries of formative interventions.
- Emphasis was placed on “working smarter” by recognizing existing strengths and aligning documentation accordingly.

JAC 23: IMPROVES PERFORMANCE OF HEALTHCARE TEAMS

The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.

PRESENTERS

Emily Cannon, Director, Accreditation and Educational Services, Harvard Medical School

Anne Perch, Director, Continuing Professional Education, MD Anderson Cancer Center

This session examined how IPCE can measure and improve the performance of interprofessional teams.

Key Takeaways

- Team performance can be evaluated through longitudinal outcomes, process improvements, and collaborative interventions.
- MD Anderson leveraged its Professional Education Committee to align education with system goals, integrating Joint Accreditation commendation criteria like JAC 15 and JAC 20.
- Harvard Medical School focused on embedding team-based assessments within high-stakes environments.
- Participants were encouraged to use Joint Accreditation Program and Activity Reporting System (JA-PARS) data to identify opportunities.
- Session leaders reinforced the importance of aligning performance metrics with institutional priorities.

JAC 24: IMPROVES HEALTHCARE QUALITY AND JAC 25: IMPROVES PATIENT/COMMUNITY HEALTH

PRESENTERS

Andrea M. Perseghin, EdD, Executive Director, Accreditation and Compliance, PRIME Education

Brooke J. Taylor, MPH, CHCP, FACEHP, Director of Continuing Medical Education, Corewell Health in Southeast Michigan

JAC 24: The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.

The JAC 24 discussion explored how CE/IPCE programs can demonstrate measurable improvements in healthcare quality through active collaboration in quality improvement initiatives and alignment with system performance goals.

Key Takeaways

- Corewell Health improved hand hygiene data tracking and performance across its system by integrating IPCE into infection prevention campaigns.
- PRIME Education partnered with oncology networks to address biomarker testing delays, demonstrating a measurable reduction in testing times.
- Effective collaboration with clinical and operational teams was essential for both providers.
- Improvement initiatives must be supported by education, sustained by systems-level engagement, and tracked with outcome data.
- Sharing successes externally can extend the impact of quality-focused IPCE initiatives.

JAC 25: The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.

The JAC 25 discussion focused on strategies for demonstrating the positive impact of IPCE on patient and community health outcomes, emphasizing cross-sector collaboration and data-driven interventions.

Key Takeaways

- Activities should be aligned with community health needs and demonstrate measurable improvement in outcomes.
- PRIME Education's initiative to enhance care for Native American/Alaskan Native patients with influenza addressed variability in testing and led to implementation of Infectious Diseases Society of America-recommended molecular testing for influenza at partner health centers.
- Corewell Health's substance use disorder/opioid use disorder initiative significantly increased the number of patients screened in the emergency department for SUD/ OUD and connected patients with appropriate community resources.
- CE/IPCE programs were positioned as catalysts for change by partnering with population health leaders and leveraging existing community data.
- Presenters stressed the importance of aligning IPCE with larger health equity and system improvement goals.



Innovating Together: Reimagining Learning

FACILITATED BY

Marcia Martin, Director of Provider Education, ACCME

This interactive session highlighted the creative strategies IPCE teams are using to design more flexible, data-informed, and learner-driven education by tapping into the collective expertise of Summit participants. In breakout groups and then in a full-group discussion, attendees shared innovations they are implementing in content delivery and educational planning at their organizations.

Key Takeaways

- Innovation is often already happening within IPCE teams. Capturing and naming it can help share and scale those efforts.
- Collaborative design processes lead to more inclusive and adaptive learning formats that reflect real-world care environments.
- Technology is a powerful enabler, with examples including interactive modules, adaptive learning tools, and multimodal feedback systems.
- Data must be meaningful and actionable. Educators emphasized the value of linking educational outcomes to clinical performance and patient impact.
- Reimagining learning starts with reimagining the role of IPCE professionals as partners in change, not just content providers.

This session encouraged participants to move beyond traditional models and explore new ways to center learners, leverage partnerships, and deliver education that truly supports the evolving needs of healthcare teams.

Collaborating for Change: Better Together Working Groups

PRESENTERS

Barbara Anderson, MS, Director, Continuing Professional Development, University of Wisconsin-Madison Interprofessional Continuing Education Partnership

Deema Al-Sheikhly, MRes, MEHP, Director, Medical and Continuing Education, Weill Cornell Medicine-Qatar

Rebecca Kolb, Education Consultant, Cincinnati Children's Hospital Medical Center

Cindi Pineda, MD, MS-HPED, CHCP, Associate Medical Director, CME, MedStar Health

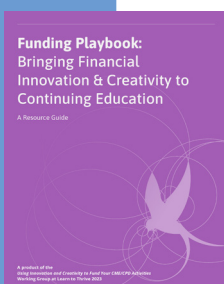
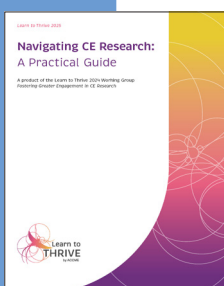
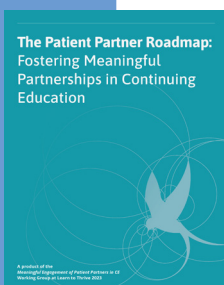
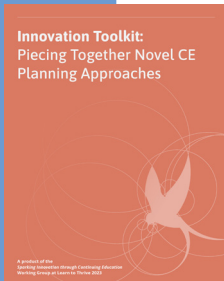
FACILITATED BY

Marcia Martin, ACCME

This session introduced attendees to a trove of resources developed by the CE community for the CE community. In 2024 and 2025, the ACCME convened [Working Groups](#) to bring together CE professionals to collaborate on high-impact projects, develop practical tools, and demonstrate leadership by advancing shared goals that benefit the broader CE landscape. Presenters showcased resources developed through past Working Groups, including:

- [The Planning Guide for Independence in Accredited Continuing Education](#), which provides a process map and templates to ensure compliance with the Standards for Integrity and Independence.
- [The Innovation Toolkit](#), offering creative approaches and active learning strategies for CE planning and delivery.
- [The Patient Partner Roadmap](#), a practical guide for integrating patients meaningfully into IPCE activities.
- [Navigating CE Research: A Practical Guide](#), designed to help CE professionals engage in scholarship that supports commendation criteria and improves practice.
- [The Funding Playbook](#), which outlines diverse strategies for securing and managing financial support in CE.

The session also previewed new 2025 Working Groups, which will focus on topics such as inclusive learning environments, curriculum design for CE professionals, RSS coordinator best practices, and joint providership.





Keynote Presentation: Pathways to Care—A Pacific Island Approach to Team Building

PRESENTERS

David Derauf, MD, PhD, Chief Executive Officer, Michael Epp, Collaborative Projects Coordinator

Megan Inada, DrPH, MPH, Research Coordinator, Kōkua Kalihi Valley Comprehensive Family Services, Honolulu, HI.

FACILITATED BY

Jillian Roy, Assistant Director, Nursing Continuing Professional Development (NCPD) Accreditation Program, American Nurses Credentialing Center

Connection is at the core of healthcare. During the keynote presentation, the Kōkua Kalihi Valley Comprehensive (KKV) Family Services team shared how their staff created deeper relationships with each other, the land, and the community they serve.

Based in Honolulu, Hawaii, the presenters shared how their program *Pathways* can help us rethink team building, interprofessional continuing education, and our own ideas of self-care.

A World of Connection

Founded in 1972, the KKV started as a small organization that served Honolulu's historically immigrant community. Their staff included local residents—affectionally referred to as “super aunties”—who had a deep understanding of the community, its cultural resiliency, and a strong sense of place. Connection in KKV's early days meant “super aunties going door to door, asking residents what they needed,” said Megan Inada, DrPH, MPH, Research Coordinator, KKV. “They listened, they laughed, and they learned.” “Their work of building relationships and trust was crucial to our longevity,” added David Derauf, MD, PhD, Chief Executive Officer, KKV.

“At the core of health is really this understanding of connection and wholeness.”

- Dr. David Derauf



Over time, KKV grew from a small organization of 19 employees to over 350 employees, with nine locations. “We went through a period of explosive growth that really challenged us,” said Dr. Derauf.

Pathways to Healing

As they expanded their array of health services, KKV developed the program *Pathways* out of a desire to 1) bridge the divide developing between their expanding clinical programs and the community they served, and 2) decrease provider burnout and staff disengagement.

In addition to offering medical, dental, and behavioral health, KKV expanded to include new types of healing modalities rooted in the community. “We have a youth bike program that focuses on civic engagement,” said Dr. Inada. “We have a farm-to-table cafe that

supports local farmers and reconnects people to their cultural identity through food. Our patients can grow their traditional medicine and the food of their ancestors.”

Workplace Community and Collaboration

This framework of care—providing dignity and agency for the community—became the guiding principle for their work as a team. Through a series of cross-training sessions, *Pathways* offered a means for all staff to reconnect with each other and break down department silos. Their goals included:

- Healing the healer
- Helping staff feel seen and heard, with a sense of belonging
- Learning each other’s gifts to support the community

Rotating through their colleagues' programs, staff learned how to understand and care deeply about each other, as well as the clinical program or department each represented. Dr. Inada said that if one staff member does not have an answer for a patient, they are trained to connect the patient to someone who does. This cohort model for staff engagement and learning helped them "create a deeper understanding of who we are as an organization and how we're all going to work together," said Dr. Derauf. In a follow-up survey, 95% of staff said they felt more confident to serve as a resource in their workplace as a result of the *Pathways* program, and 90% took steps to practice more self-healing, a key step for preventing burnout.

KKV encouraged the audience to find ways to innovate and integrate these types of team building into their own practices. Stressing the need for all teams to invest and commit to each other, KKV closed the keynote by recommending the following practical steps:

OUR COMMUNITY

Kalihi 'Ahupua'a



"I love the closeness, the tradewinds. I love how proud people are to be from Kalihi...we are **tough and kind, and care for one another** because we are stronger when we come together ...we each hold our own wisdom and skills. And I have a lot of gratitude for Kalihi - **Kalihi is home and gives me a deep sense of belonging.**"

1. Secure buy-in from top management for any team building effort (get them to participate!);
2. Engage front-line staff as leaders and curriculum developers;
3. Expect resistance at first; and curate cohorts carefully to create an accurate cross-section for any working group.

Closing with the idea of health as connection, they also reminded the audience of the importance of joy—celebrating often and bringing people together in meaningful ways to build community, culture, and connection.

“

These sessions bring back joy to our work. Staff are motivated, recharged, more productive, and joyous.

- Dr. David Derauf

”

Closing Reflections

PRESENTERS

Dion Richetti, Vice President, Accreditation and Recognition, ACCME, on Day 1

Dimitra V. Travlos, PharmD, FNAP, Assistant Executive Director and Director, Continuing Pharmacy Education Provider Accreditation, Accreditation Council for Pharmacy Education, on Day 2



Our hope is to continue to build an interprofessional community of practice.

- Dimitra V. Travlos, ACPE

Our best source of information is other accredited providers... it's going to make a huge difference for me.

- Nora Williams, Summit attendee

Learning from and with each other is at the heart of Joint Accreditation.

- Dion Richetti, Vice President, Accreditation and Recognition, ACCME



The 2025 Joint Accreditation Leadership Summit concluded with a strong sense of momentum and shared purpose. The platform was charged with positive energy, a testament to the enthusiasm and engagement of this growing interprofessional community.

Furthermore, this energy serves as a catalyst to help us achieve our [strategic goals](#).

Throughout the Summit, key themes emerged:

- the importance of intentional planning,
- the power of collaboration across institutional teams, and
- the role of simplicity in designing meaningful improvement.

Participants emphasized starting early, involving planning teams in commendation strategies, and using tools like activity tagging in JA-PARS to track progress toward commendation goals.

Many attendees left with practical strategies and renewed motivation. Some committed to adjusting their activity planning forms to better incorporate commendation criteria from the start. Others planned to expand use of technology, such as AI, to streamline the sorting and evaluation of activities. The collaborative spirit was unmistakable, with participants inspired to engage more deeply with institutional colleagues, from faculty coaches to QI departments and patient partners.

This Summit reaffirmed that the community thrives not only on innovation, but on connection—on being, as the theme declared, *Centered Together*.

About Joint Accreditation for Interprofessional Continuing Education

Joint Accreditation for Interprofessional Continuing Education™ offers organizations the opportunity to be simultaneously accredited to provide continuing education for athletic trainers, dentists, dietitians, nurses, optometrists, physician associates/physician assistants (PAs), pharmacists, physicians, psychologists, and social workers through a single, unified application process, fee structure, and set of accreditation standards.

Jointly accredited providers may award single profession or interprofessional continuing education credit (IPCE) to participating professions without needing to obtain separate accreditations. Joint Accreditation for Interprofessional Continuing Education is the first and only process in the world offering this benefit.

Joint Accreditation for Interprofessional Continuing Education is a collaboration of the following organizations:

- Accreditation Council for Continuing Medical Education (ACCME)*
- Accreditation Council for Pharmacy Education (ACPE)*
- American Nurses Credentialing Center (ANCC)*
- American Academy of Physician Associates (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)
- Board of Certification for the Athletic Trainer (BOC)
- Commission on Dietetic Registration (CDR)

*Co-founder

We welcome engagement from other health professions to join our Joint Accreditation collaboration. For more information, visit www.jointaccreditation.org.



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Joint Accreditation for Interprofessional Continuing Education™

Advancing Healthcare Education by the Team for the Team

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