Guide to the Accreditation Process

Joint Accreditation for Interprofessional Continuing Education™

These materials were developed for organizations interested in pursuing accreditation as a Jointly Accredited Provider. These materials may change from time to time. Applicants are expected to confirm the most recent version date as noted in the footer of each page. These materials are divided into subtopic areas, as outlined in the table of contents:

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1. Overview and Background Information

Overview of the Joint Accreditation Process

An organization seeking accreditation as a provider of continuing education for the healthcare team (hereafter "provider") will submit materials including a self-study report and supporting activity files, along with an eligibility fee and an application fee. Providers will participate in the process of accreditation review that is jointly managed by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC). The review process is expected to take approximately 13 months and will include:

- Determination of Eligibility.
- Engagement by the provider in self-study to reflect on its program of continuing education.
- Submission of a self-study report in which the provider describes its practices and verifies these practices using examples.
- An evaluation conference call conducted by a two-person team of volunteer surveyors and a staff member; and
- Review of activity documentation in activity files.

Eligibility

Organizations are eligible to seek accreditation as a provider of continuing education for the healthcare team if:

- the organization's structure and processes to plan and present education designed by, and for, the healthcare team have been in place and fully functional for at least the past 18 months; and
- at least 25%* (minimum of 9 IPCE activities) of the educational activities delivered by the provider during the past 18 months are categorized as "interprofessional" and the provider can demonstrate an integrated planning process that includes healthcare professionals from two or more professions who are reflective of the target audience the activity is designed to address; and
- the provider engages in the Joint Accreditation process and demonstrates compliance with the criteria described below and if currently accredited, any associated accreditation policies required by the respective collaborating accreditors.

*All CE activities should be included in calculating the number of activities designed by and for the healthcare team. A worksheet to evaluate the program's percentage of IPCE activities is available on the website.

Providers must have planned, implemented, and evaluated at least 25% of their CE activities, making up at least 9 activities, as interprofessional continuing education activities as defined by ACCME, ACPE and ANCC. These activities are not required to have been offered for continuing education credit for any or all professions involved, however they must have been planned and

implemented in accordance with all of the Joint Accreditation Criteria applicable to activity planning.

Two review cycles occur each year. Please refer to the timeline for specific deadlines. Materials submitted by the applicant and results of the evaluation conference call by the survey team will be presented to a Joint Accreditation Review Committee (Joint ARC) constituted equally by representatives from the collaborating accreditors. The accreditation recommendation made by the Joint ARC will be forwarded for final decision to the Governing boards of the ACCME, ACPE and ANCC. All accreditation decisions are unanimous and are ratified by the full Governance bodies of the ACCME, ACPE and ANCC.

USE OF ACCREDITATION CONSULTANTS IN THE APPLICATION PROCESS

Joint Accreditation does not prohibit the use of consultants by initial applicants or organizations seeking reaccreditation ("Applicants"). Joint Accreditation does, however, require that Applicants provide written permission to Joint Accreditation that allows consultants to be included in calls or email communications about/with the Joint Accreditors, provided however that consultants are in no case allowed to participate in any initial or reaccreditation survey evaluation conference calls. Applicants shall be responsible for the substance and veracity of information submitted by their respective consultants and agree that an Applicant's accreditation status may be impacted by misrepresentations, intellectual property violations, and/or inaccuracies made by the Applicant's consultants.

DEFINITION OF INTERPROFESSIONAL CONTINUING EDUCATION (IPCE)

Interprofessional continuing education (IPCE) is when 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)

TERM OF ACCREDITATION

The standard term of accreditation as a provider of continuing education for the healthcare team is as follows:

- ☐ *New Applicants:*

  An organization seeking accreditation as a provider of continuing education for the healthcare team that does ***not*** currently hold at least one accreditation from at least one (1) of the cofounder accreditors (ACCME, ACPE and/or ANCC) or one (1) state accrediting body (ACCME Recognized Accreditor) may be awarded a term of up to 2 years.

- ☐ *Currently Accredited:*

  An organization that is already accredited in good standing by at least one of the national accrediting bodies (ACCME, ACPE and/or ANCC) and/or state accrediting body (ACCME Recognized Accreditor) may be awarded a term of four years if the provider is determined to be in compliance with all Joint Accreditation core criteria. If a provider is in noncompliance with any one (1) or more criteria, and is awarded

Joint Accreditation, the provider may receive an accreditation term of up to four years with a progress report due at a specified time.

☐ *Reaccreditation for Jointly Accredited Providers:*

An organization that is already a jointly accredited provider may be awarded a term of four years if the provider is in compliance with all Joint Accreditation core criteria. If the provider is in noncompliance with any one (1) or more criteria, and is awarded Joint Accreditation, the provider may be awarded an accreditation term of up to four years with a progress report due in a specified time. An organization that is already jointly accredited must have maintained at least 25% of its CE activities during its term as Interprofessional (planned by a team for a team).

☐ *Joint Accreditation with Commendation*

To achieve Joint Accreditation with Commendation, providers need to demonstrate compliance with JAC 1–12 and any seven of the 13 commendation criteria. Providers that successfully achieve Joint Accreditation with Commendation may be awarded a six-year accreditation term. The six-year term will be available only to providers that achieve Commendation; providers that demonstrate compliance with JAC 1–12, but do not demonstrate compliance with the commendation criteria, will receive a four-year term. Organizations are eligible to seek Joint Accreditation with Commendation if they are currently jointly accredited or they are seeking initial Joint Accreditation and are currently accredited by at least one of the following: ACCME, ACPE, or ANCC.

☐ *Probation*

Probation is given to jointly accredited providers that have serious problems meeting Joint Accreditation requirements. Providers on Probation are required to submit progress reports. Jointly accredited providers may have their status changed to Probation if their progress reports do not demonstrate correction of noncompliance issues. Most providers on Probation implement improvements quickly, return to a status of Joint Accreditation, and sustain compliance. Providers cannot remain on Probation for longer than two years.

Note: Joint Accreditation reserves the right to withhold Joint Accreditation for both initial applicants and providers seeking reaccreditation if the provider fails to demonstrate or maintain sufficient compliance with the Joint Accreditation criteria and policies. Joint Accreditation reserves the right to award a shortened term of accreditation as determined appropriate in order to reflect changes in an applicant or accredited provider's compliance with the criteria, policies, and/or reports by an applicant or accredited provider's substantive change in its program of IPCE or organizational structure. If a provider already accredited by ACCME, ACPE, or ANCC is not successful at achieving initial Joint Accreditation, the provider will have one year, or the remainder of its current term (whichever is longer), to seek accreditation directly through each individual accrediting or approval body, as desired.

JOINT ACCREDITATION PROGRAM AND ACTIVITY REPORTING SYSTEM (JA-PARS)

Jointly Accredited providers are required to report all of their CE activities to the Joint Accreditation Program and Activity Reporting System (JA-PARS). JA-PARS is a web-based portal designed to streamline and support the collection of program and activity reporting data from jointly accredited providers. If an applicant organization withdraws from the Joint Accreditation process and/or is not successful, the provider will have one year to seek accreditation directly through each individual accrediting body as desired. The applicant organization will be responsible for determining the timeline for application, submission of required documentation and any required fees directly through the individual accrediting body.

Under the status of accreditation as a provider of CE for the healthcare team, the provider may also offer continuing education for dentists, nurses, optometrists, pharmacists, physicians, PAs, psychologists, social workers, dietitians, and/or athletic trainers separately using only the Joint Accreditation for Interprofessional Continuing Education™ criteria.

ACCREDITATION TIMELINE AND PROVIDER MILESTONES

This timeline is a key resource for preparation of the self-study and presentation of the self- study report. Providers are encouraged to keep a copy of this page to track accreditation process milestones. Some providers use this document to develop an internal work schedule, factoring in holidays, meetings, staff schedules, and other events that might impact the self-study process.

If an organization is new to Joint Accreditation, the application process is as follows:

Milestone	**Cycle 1**	**Cycle 2**
Determination of eligibility ✓ Intent to apply ✓ Eligibility Review Fee ($1,500)	June 1	October 1
Provider informed of eligibility decision	July 15	November 15
Provider deadline to submit: ✓ Activity list ✓ Application Fee ($22,000)	September 1	January 7
Provider informed which activity files, at a minimum, will be reviewed	October 15	February 15
Provider contacted to establish evaluation conference call date	January/February	April/May
Provider deadline to submit: ✓ Self-Study Report ✓ Activity files	March 1	July 7
Evaluation conference call	April/May	September/October
Joint ARC Meeting	June	October/November
Provider notified of decision	July 31	December 31

If an organization is currently a jointly accredited provider, the reaccreditation process is as follows:

Milestone	Cycle 1	Cycle 2
Intent to re-accredit for Joint Accreditation	June 1	October 1
Provider deadline to submit: ✓ Activity list ✓ Reaccreditation Fee ($4,500)	September 1	January 7
Provider informed which activity files, at a minimum, will be reviewed	October 15	February 15
Provider contacted to establish evaluation conference call date	January/February	April/May
Provider deadline to submit: ✓ Self-Study Report ✓ Activity files	March 1	July 1
Evaluation conference call	April/May	September/October
Joint ARC Meeting	June	October/November
Provider notified of decision no later than	July 31	December 31

Conducting the Self-Study

The self-study process provides an opportunity for the applicant organization to reflect on its program of continuing education (CE). This process can help the applicant organization assess its commitment to and role in providing interprofessional continuing education (IPCE) and determine its future direction.

While an outline of the content of the *self-study report* is specified, the process of conducting a *self-study* is unique to the applicant organization. Depending on the size and scope of its CE program, the applicant organization may wish to involve many or just a few individuals in the process.

2. Data Sources Used in the Accreditation Process

The provider that develops IPCE must meet all accreditation expectations *in practice.* This will be determined through a review of materials used in the planning and implementation of individual CE activities or groups of activities and materials used in the administration of a CE program as well as an evaluation conference call conducted by a survey team.

The Joint Accreditation process is **an opportunity** for the provider to demonstrate that its process of planning interprofessional CE is in compliance with the requirements for Joint Accreditation. Three explicit data sources will be used to evaluate compliance:

1. **Self-Study Report:** The provider is expected to provide and describe *examples* of its interprofessional CE practices. When describing a practice, the provider is offering a

narrative to give the reader an understanding of the CE practice(s) related to a Criterion or Policy. When asked for an example of a CE practice, evidence (documentation/documents/materials) must demonstrate *implementation* of the practice. Evidence must be chosen from activities that have already been planned and/or implemented.

For information on the structure, format and content requirements for the self- study report, please see **Section 4** of this document.

2. **Activity file review:** The provider is expected to verify that its CE activities meet the Joint Accreditation criteria through the documentation review process. This review is based on the criteria for accreditation as a provider of interprofessional continuing education (IPCE). It is expected that the provider will bookmark or label its activity documentation according to instructions.

   A sample of activities will be selected for activity file review. For initial applicants, the activities selected will all have been developed by and provided for the interprofessional healthcare team. If activities were planned in Joint Providership, the applicant is expected to describe their role in the activity, demonstrate that the accreditation criteria are met, and have permission from the accredited provider that the activity may be submitted as part of the application process. For applicants that are currently jointly accredited, the activities selected will include both interprofessional and non-IPCE activities, if the provider includes non-IPCE activities in its CE program. For information on the structure, format and content requirements for activity files, please see **Section 5** of this document.

3. **Accreditation evaluation conference call:** All providers are required to participate in an evaluation conference call with a team of volunteer accreditation surveyors, trained and selected by the Joint Accreditation program who have reviewed the materials submitted. This allows the provider an opportunity to amplify, verify, and clarify the information provided in the self-study document and activity files. Through dialogue with the survey team, a provider may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice. For information on the accreditation evaluation conference call, please see **Section 7** of this document.

3. The Decision-Making Process

Data and information collected in the accreditation process is analyzed and synthesized by the Joint Accreditation Review Committee (Joint ARC). The Joint ARC makes decision recommendations using the following process:

1. The Joint Accreditation decision making process assesses a provider's compliance with the Joint Accreditation criteria based on information furnished by the provider, via the self-study report, activity files and through the survey team evaluation conference call. Compliance options for each of the Joint Accreditation criteria include:

   i. Compliance (the provider meets the expectations of that criterion for Compliance).
   ii. Noncompliance (the provider does not meet the expectations of that criterion for Compliance).
2. The term for Joint Accreditation is up to two, four or six years (see Term of Accreditation above).
3. For a provider seeking Joint Accreditation, noncompliance with any single criterion will result in the requirement of a progress report. Failure to demonstrate compliance in the progress report may result in a change of status to Probation. Probation is given to accredited providers that have serious problems meeting Joint Accreditation requirements. Providers on Probation are required to submit progress reports.

If a provider is found to be in noncompliance with many of the criteria or, as determined by the Joint ARC, the noncompliance is determined to be egregious in nature, such as, but not limited to, control of the education by the pharmaceutical or device industry, then it will not receive Joint Accreditation, or may have its status changed to Probation.

Consequences and Outcomes of a Progress Report

1. If the Provider's evidence is compliant with the criterion/criteria that were in noncompliance, the provider may continue with its accredited term.
2. For a provider on Probation, demonstration of compliance [through a progress report] in all elements will result in its ability to complete its four-year term with a status of Joint Accreditation.
3. The accreditors may request **CLARIFICATION** at the time of the next Joint Accreditation review to be certain the provider is in compliance.
4. If the provider has not demonstrated compliance with the criterion/criteria that were in noncompliance, a second progress report may be required.
5. The accreditors may place a provider on Probation or withdraw accreditation as the result of the findings of a progress report.

The Joint ARC makes recommendations to the Governance/Decision-making bodies of the ACCME, ACPE and ANCC. All accreditation decisions are unanimous and are ratified by the full Governance bodies of the ACCME, ACPE and ANCC. The accreditation is thus recognized by all three accrediting bodies. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of accreditation decisions is also enhanced by the use of a criterion-referenced decision-making system. Accreditation decision letters will be sent to providers electronically following the meetings of the Governance bodies of the ACCME, ACPE, and ANCC.

4. Preparing the Self-Study Report for Joint Accreditation

A. Structure and Format Requirements for the Self-Study Report

Organizations are asked to provide descriptions, attachments, and examples to give reviewers an understanding of the organizations' CE practices related to Joint Accreditation

Criteria and Policies. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.

The self-study report is a single document submitted to the Joint Accreditors in PDF format. The self-study report must be formatted as indicated below to facilitate the review of your CE program.

1. Separate the sections of the self-study report using **PDF bookmarks** for each Criterion according to the outline provided. Documents received without PDF bookmarks will be returned.
2. **Include a Table of Contents** listing the page numbers of each narrative and attachment contained within the self-study report.
3. **Provide required narrative and attachments** for each criterion.
4. **Consecutively number each page** - including the attachments. The name (or abbreviation) of the organization must appear with the **page number on each page**.
5. **Type with at least 1" margins** (top, bottom and sides), using **11-point type or larger**.
6. **Do not exceed 150 sides/pages of content, including narrative and attachments.**

B. Outline for the Self-Study Report

I. Introduction

a. Self-Study Report Prologue

- Describe a brief history of the organization's CE Program.
- Describe the leadership and structure of the organization's CE Program.
- Describe your organization's current role and responsibilities in Joint Providership relationships in the activities submitted, if applicable.

II. Joint Accreditation Criteria

a. Mission and Overall Program Improvement

The following criteria outline the expectation that the accredited provider has a roadmap (CE mission) to guide it in its provision of education, that it periodically assesses how well it is meeting that CE mission, and that it identifies changes or improvements that will allow it to better meet its CE mission.

JAC 1: The provider has a continuing education (CE) mission statement that highlights education for the healthcare team with expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes.

Guidance: Attach the provider's CE mission statement to verify the expected results section of the mission statement clearly reflects the changes that are the expected results of the organization's CE program (i.e., attach the CE mission statement and highlight the expected results).

JAC 2: The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission—as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.

Guidance:

i. Describe and include **examples** of information gathered as a result of overall program evaluation.
ii. Based on data and information gathered, provide a narrative that describes the conclusions of your program-based analysis on the degree to which the provider has met its CE mission.

JAC 3: The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve its ability to meet the CE mission.

Guidance:

i. As a result of program-based analysis, **describe** identified changes that could help the provider better meet its CE mission.
ii. Based on the changes identified that could be made, **describe** the changes to the CE program that were **implemented**. For any potential changes identified that were not implemented, explain why they were not implemented and what plans there are to address them in the future.

b. Activity Planning and Evaluation Process

The following section provides an opportunity for you to describe the processes that you have in place to ensure that your CE activities meet the expectations of JAC 4-11 related to the planning and evaluation of your individual CE activities. This information should provide a general context for the examples you will provide in the performance-in-practice activity files.

JAC 4: The provider incorporates into IPCE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members' knowledge, skills/strategy, or performance as members of the healthcare team.

Guidance:

Describe and provide an example of how the provider incorporates the educational needs (knowledge, skills/strategies or performance) that underlie the professional practice gaps of learners into CE activities. Use the following as an outline for your description:

i. How the provider identifies the professional practice gaps of the healthcare team and/or individual members **as members of the healthcare team**.

ii. How the provider identifies the educational need(s) that underlie those gaps.
iii. How the provider incorporates these needs into activities or a set of activities; and,
iv. Describe the professional practice gap(s) and resulting educational need(s) of the healthcare team and/or its individual learners as part of the team for the example selected.

JAC 5: The provider generates activities/educational interventions that are designed to change the skills/strategy, or performance of the healthcare team, and/or patient outcomes as described in its mission statement.

Guidance:
Describe and provide an example of the provider's process of designing activities to change skills/strategy, or performance of the healthcare team, and/or patient outcomes.

JAC 6: The provider utilizes an integrated planning process that includes health care professionals who are reflective of the target audience the activity is designed to address.

Guidance:
Describe and provide an example of how activities are planned using a process reflective of the target audience for the activity. Note that there are a variety of ways for providers to reflect the target audience in their planning process. One way is to involve members of each profession of the target audience in the planning of the activity as part of a planning group or committee. Other examples include, and are not limited to:

- Having representatives of the target audience profession provide review and feedback of plans for the activity, to ensure that the needs of their profession, as it pertains to their role in the IPCE team, are reflected.
- Having planners design activities in the context of literature specific to the team-based needs of the different professions in the target audience.

JAC 7: The provider designs education that promotes active learning – so that teams learn from, with, and about each other – consistent with the desired results of the activity.

Guidance:
Describe and provide an example of how the activity promotes active learning consistent with the expected results. Explain how participants **learn with, from, and about each other in CE activities**.

JAC 8: The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine

competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork[1]).

Guidance:
Describe and provide an example of how the provider develops CE activities in the context of desirable attributes of the healthcare team (e.g., IOM competencies, professional competencies, IPEC healthcare team competencies).

JAC 9: The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback).

Guidance:
Describe how the provider utilizes support strategies to sustain change as an adjunct (separate from, but in addition) to its educational activities. Include an explanation of how the support strategies were connected to an individual activity or group of activities. Include **two examples** of two different support strategies that have been implemented.

JAC 10: The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.

Guidance:
Describe how the provider implements strategies to remove, overcome, or address barriers to change for the healthcare team. These instances might be specific to the planning of a CE activity or at the overall CE program level. Include two **examples** of different educational strategies that have been implemented to remove, overcome, or address barriers to healthcare team.

JAC 11: The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

Guidance:

i. Describe and provide an example of each method or methods you use to analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes.
ii. Provide the conclusions you have drawn from the analysis of changes in the healthcare team's skills/strategy or performance, or the patient outcomes achieved as a result of the **overall CE program's** activities/educational interventions. Provide a summary

[1] Interprofessional Education Collaborative Expert Panel. 2011. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC; Interprofessional Education Collaborative.

of the data upon which analysis of changes in the healthcare team was based and/or documentation of patient outcomes.

c. Standards for Integrity and Independence in Accredited Continuing Education

The following criterion outlines the expectations for content validity; prevention of commercial bias and marketing; independence; identification/resolution of conflicts of interest; appropriate management of commercial support (if applicable); and separation of promotion from education for all education offered by the accredited provider (if applicable).

JAC 12a-e: The provider develops activities/interventions that comply with the Standards for Integrity and Independence in Accredited Continuing Education, which includes the responsibility to:

a. Ensure content is valid. (Standard 1)

b. Prevent commercial bias and marketing in accredited continuing education. (Standard 2)

c. Identify, mitigate, and disclose relevant financial relationships. (Standard 3)

d. Manage commercial support appropriately (if applicable). (Standard 4)

e. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable). (Standard 5)

JAC 12a (STANDARD 1: ENSURE CONTENT IS VALID)

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that

are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Guidance: Describe how you ensure that the content of CE activities meet all four elements of Standard 1.

JAC 12b (STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION)

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Guidance:

i. **Describe** how you ensure that the content of accredited CE activities and your accredited CE program meet expectations of elements 1 AND 2 of Standard 2.
ii. Do you share the names or contact information of learners with an ineligible company or its agent? [**State YES or NO**]
iii. If yes, describe the process, and provide an example(s) of the mechanism(s) you use to obtain the explicit consent of individual learners.

JAC 12c (STANDARD 3: IDENTIFY, MITIGATE AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS)

3.1. Collect information: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:

a. The name of the ineligible company with which the person has a financial relationship.

b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Guidance:

Describe how you collect information from all planners, faculty and others in control of educational content about all their financial relationships with ineligible companies for activities.

3.2. Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:

a. When the content of the activity is not related to the business lines or products of their employer/company.

b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, they do not make care recommendations.

c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Guidance:

i. Does your organization use employees or owners of ineligible companies in its accredited CE activities? [**State YES or NO**]
ii. If yes, **describe** how you meet the expectations of Standard 3.2 (a-c).

3.3 Identify relevant financial relationships: Describe the process you use to determine which financial relationships are relevant to the educational content.

3.4 Mitigate relevant financial relationships: Describe the methods/steps you use to mitigate all relevant financial relationships for:

1. Non-Presenter Roles, such as planner/editor/reviewer,

2. Speaker/author/moderator/facilitator roles.

Note that the methods/steps used for planners are likely different than those used for speakers/authors/moderators/faciltators.

3.5. Disclose all relevant financial relationships to learners:

I. Describe the ways in which you inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.

ii. Describe what you do to ensure that learners are informed that all relevant financial relationships have been mitigated.

JAC 12d (STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY)

i. Does your organization accept, or plan to accept commercial support [defined as financial or in-kind support from ineligible companies]? [**State YES or NO**]

ii. If YES to (i): **describe** how your organization meets the expectations of all four elements of Standard 4. If NO to (i) continue to question 5.

JAC 12e (STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION)

i. Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CE activities? [State YES or NO]

ii. If yes, describe how your organization meets the expectations of all three elements of Standard 5.

III. Joint Accreditation with Commendation (OPTIONAL)

A. Description

Joint Accreditation offers accredited organizations the option of demonstrating compliance with a menu of criteria that go beyond the core Joint Accreditation Criteria (JAC 1-12) noted above. These optional criteria seek to provide additional incentive as well as encouragement to providers to expand their reach and impact in the IPCE/CE environment.

NOTE: The opportunity to seek and achieve Joint Accreditation with Commendation is optional, and none of the commendation criteria are required. If the provider chooses to submit for commendation, an additional 50 pages may be submitted in the self-study document.

B. Menu Structure
Joint Accreditation uses a menu structure for organizations seeking commendation in order to create flexibility, reflect the diversity of the IPCE community, and offer a pathway for all provider types to achieve commendation. To achieve commendation, providers need to demonstrate compliance with JAC 1–12 and any seven (7) of the 13 commendation criteria.

C. Critical Elements and Standards for Compliance (Appendix 1)
Critical elements and standards have been defined to be explicit about what demonstrates compliance with each of the commendation criteria. For those commendation criteria that are activity-based (where compliance is demonstrated through the planning, implementation, or evaluation of activities), providers will be expected to attest to meeting this expectation in at least 10% of their activities, including demonstration in some IPCE activities (Criteria JAC 13, 14, 18). For those commendation criteria that are organizational or project-based, the specific number and type of examples required to demonstrate compliance has been defined in the critical elements and standards. Please note that one activity may be able to meet the expectations for multiple criteria. **Where the guidance asks for the submission of evidence, unless otherwise noted, please provide a brief narrative describing how each of the critical elements of that criterion are met.**

D. Eligibility
Organizations are eligible to seek Joint Accreditation with Commendation if they are currently jointly accredited or they are seeking initial Joint Accreditation and have been previously accredited by at least one of the following: ACCME, ACPE, or ANCC.

E. Intent to Seek Joint Accreditation with Commendation
Please list in the self-study document the following:

- This organization *is* or *is not* submitting for Joint Accreditation with Commendation.
- List of Criteria Submitted: If you indicate that you are seeking Joint Accreditation with Commendation, please list the SEVEN criteria you are submitting for (JAC 13-25).

F. Program Size
Several criteria included in the Menu of Criteria for Joint Accreditation with Commendation take into consideration the size of the provider's organization as measured by the number of activities offered.

Indicate the size of your CE Program for your current accreditation term. The size of a CE program is determined by a provider's total number of activities (CE and IPCE) for the current accreditation term based on the best available information at the point of submission:

- ☐ S (small): less than 39;
- ☐ M (medium): 40-100;
- ☐ L (large): 101-250;
- ☐ XL (extra-large): > 250

G. Criteria for Joint Accreditation with Commendation

JAC 13: The provider engages patients as planners and teachers in accredited IPCE and/or CE.

Guidance:
Attest that your organization has met the Critical Elements for JAC 13 in at least 10% of the IPCE and/or CE activities (but no less than two activities) during the accreditation term. Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	List the patients and/or public representatives who were planners.	List the patients and/or public representatives who were teachers.	Describe how each individual qualifies as a patient or public representative. If any of the individuals listed is not a patient, describe how each of these individuals qualifies as a "public representative"

JAC 14: The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE.

Guidance:
Attest that your organization has met the Critical Elements for JAC 14 in at least 10% of the IPCE and/or CE activities (but no less than two activities) during the accreditation term. Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, etc.), and how the students participated as PLANNERS of the activity.	Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, etc.), and how the students participated as FACULTY of the activity.

JAC 15: The provider supports the continuous professional development of its own education team.

Guidance:
Describe each of the following:

- Your organization's education team. **Note** that, in the context of JAC 15, the "education team" are those individuals associated with your organization who responsible for the accredited CE program. It is up to the provider to identify who the members of their "education team" are;
- The CPD needs that you identified for the education team during the term of Joint Accreditation;
- The learning plan(s) implemented based on the needs identified, including the activities external to your organization in which the education team participated.

JAC 16: The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication.

Guidance:
Provide examples of two scholarly projects. For each of these projects, provide the following:

- **Describe** a scholarly project your organization completed during the accreditation term relevant to IPCE and/or CE and the dissemination method used for each one (e.g., poster, abstract, manuscript).
- **Submit** a copy of the project itself (e.g., poster, abstract, presentation, manuscript).

JAC 17: The provider integrates the use of health and/or practice data in the planning and presentation of accredited IPCE and/or CE.

Guidance:
Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data.	Describe how the activity used health/practice data to teach about healthcare improvement.

JAC 18: The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE.

Guidance:
Attest that your organization has met the Critical Elements for JAC 18 in at least 10% of the IPCE and/or CE activities (but no less than two activities) during the accreditation term. Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8)**. Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	Describe the strategies used to achieve improvements in population health.

JAC 19: The provider collaborates with other organizations to address population health issues.

Guidance:
Using a table formatted in keeping with the sample below, **describe four collaborations** with other organizations during the current term of accreditation and show how these collaborations augmented your organization's ability to address population health issues.

Example 1	
Example 2	
Example 3	
Example 4	

JAC 20: The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners.

Guidance:
Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	Describe the elements of the activity that addressed communication skills and how you evaluated the observed communication skills of the learners/teams.

In addition, for each of the activities described in the table above, **submit** one actual example of the formative feedback provided to learners/teams about communication skills. Bookmark each of these attachments in your Self-Study as ATT 20.1, ATT 20.2, etc.

JAC 21: The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners.

Guidance:
Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	Describe the elements of the activity that addressed technical and procedural skills and how you evaluated the technical and procedural skills of the learners/teams.

In addition, for each of the activities described in the table above, **attach one actual example** of the formative feedback provided to the learners/teams about psychomotor technical or procedural skills. Bookmark each of these attachments in your Self-Study as ATT 21.1, ATT 21.2, etc.

JAC 22: The provider creates and facilities the implementation of individualized learning plans.

Guidance:
Attest that your organization has engaged the number of learners that matches the size of your CE program, as described in the examples provided in the table below. Using a table formatted in keeping with the sample below, **describe** the learning plan(s) and the number of learners for the size of your CE program (S:25 learners or 5 teams; M:75 learners or 10 teams; L:125 learners or 15 teams; XL:200 learners or 10 teams)

Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner/team.	How many learners/teams participated in the individualized learning plan with repeated engagement and feedback?

In addition, for each of the rows in the table above, **attach** one example of the individualized feedback provided to the learner/team to close practice gaps. Bookmark each of these attachments in your PDF as ATT 22.1, ATT 22.2, etc.

JAC 23: The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.

Guidance:

Attest that your organization has met the Critical Elements for JAC 23 in at least 10% of the IPCE and/or CE activities (but no less than two activities) during the accreditation term. **Describe** the method(s) used to measure performance changes of teams. Using a table formatted in keeping with the sample below, **submit evidence** for the required number of examples based on the size of your program (S:2, M:4, L:6, XL:8). **Complete one row for each activity.**

Activity Title	Activity Date	Activity Format	# of learners and/or teams that participated in the activity	# of learners and/or teams whose performance was measured	# of learners and/or teams that improved performance	Itemize the method(s) used to measure change in performance of teams	Data/information demonstrating improvements in performance of learners and/or teams

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

Guidance:

Using a table formatted in keeping with the sample below, **describe two examples** in which your organization collaborated in the process of healthcare quality improvement, including:

1. Improvements that resulted from the collaboration.
2. Data (qualitative or quantitative) that demonstrates those improvements.

Example 1	
Example 2	

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

Guidance:

Using a table formatted in keeping with the sample below, **describe two examples** of your organization's collaboration in the process of improving patient or community health that includes CE, including:

1. Improvements that resulted from the collaboration.

2. Data (qualitative or quantitative) that demonstrates those improvements.

Example 1	
Example 2	

5. Activity File Review Materials: Content, Structure and Format

A. Selection of activities for review

Based on the completed CE Activity List provided, nine (9) activities will be selected for review. Providers will be notified via email of the activities that have been selected.

If the provider is being reviewed for reaccreditation, and a mixture of interprofessional and single profession activities are offered by the provider, then the sample of nine (9) total activities will be split in the following way – six (6) interprofessional and three (3) single profession activities, if applicable. This list will be retrieved from the Joint Accreditation Program and Reporting System (JAPARS).

B. Contents of Activity File Review Materials

The activity file review allows providers to demonstrate compliance with the Joint Accreditation criteria and offers providers an opportunity to reflect on their CE practices.

Materials that demonstrate compliance with the Joint Accreditation expectations may result from work done for individual activities or as part of the overall CE program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets expectations with evidence not directly related to a specific CE activity.

Note: Expectations for Regularly Scheduled Series (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's CE mission, fulfills the Joint Accreditation requirements, and manifests the provider's engagement with the system in which it operates – just like any other activity type. Like all other activity types, RSSs may be selected for demonstration of compliance with the accreditation criteria. **If an RSS is selected, the organization is asked to submit evidence from at least 25% of the sessions that make up the RSS as the activity file.**

C. Instructions for preparing activity file materials for review

Prepare and submit evidence according to the specifications outlined below; Activity files will be returned if they do not comply with these requirements.

Submit Evidence Using the Joint Accreditation Activity Structured Abstract

Applicants must compile an "activity file" for each activity selected for review. Each activity file should include a completed structured abstract form. Information regarding the activity is collected in the Joint Accreditation Performance-in-Practice Structured Abstract which may be downloaded from the Joint Accreditation website. The abstract form is a WORD document found in the main ribbon under "Apply"/"Forms and Download". Using the Structured Abstract, you will complete text-limited fields, tables, and attach evidence that verifies the activity meets the Joint Accreditation requirements. You will then save each document as an Adobe PDF file, including the required "attachments". Each attachment must be included as pages bookmarked directly within the PDF file. You will need to use Adobe Acrobat to bookmark the files.

Each selected activity needs to be submitted as one (1) PDF file, for a total of nine (9) individual PDF activity files. Each PDF file must include the completed Joint Accreditation Performance-in-Practice Structured Abstract form and required attachments.

As a service to the American Medical Association (AMA), the Joint Accreditation process collects evidence of the use of the *AMA PRA Category 1 Credit™* statement and designation of Skill/Procedure level (if applicable). This information will ***not*** be considered as part of your Joint Accreditation decision.

Assemble one separate PDF file that includes the name of your organization (no acronyms or abbreviations) and AMA PRA credit in its file name. Include, for each of the activities that were selected for performance-in-practice review (i.e., the nine activities), the evidence of your organization's use of the:

- *AMA PRA Category 1 Credit*™ Designation Statement by submitting a copy of the page of the brochure or handout which indicates the AMA's PRA statement
- AMA New Skills and Procedures Levels (if applicable)

This one PDF file should include the labeled evidence from all activities that were selected for performance-in-practice review for Joint Accreditation that were designated for *AMA PRA Category 1 Credit*™.

6. SUBMITTING MATERIALS FOR REVIEW

SUBMIT ONLINE USING *HIGHTAIL*

Joint Accreditation asks that you submit your materials electronically as 11 separate PDF files **(1 self-study file, 9 individual activity files, and 1 AMA PRA credit file, if applicable)** via the Joint Accreditation Hightail online application. Please follow the instructions below:

1. Visit the following website: **http://www.hightail.com/u/JointAccreditation**.
2. Select File: Either drag the file into the Hightail Uplink page or upload it (i.e., 'pick from your computer'). To upload, a pop-up window will appear that allows you to browse your computer to locate the file. Once the file is identified, click 'Open.'
   - Naming the files: The name of the file should include the report type, provider name, and review cycle. (i.e. JA SS PharmRUs Cycle 1 or JA AF Hypertension Guidelines Cycle 1)

     JA = Joint Accreditation SS = Self Study AF = Activity File Title
3. Please complete the fields on the page as indicated below:
   - Full Name: List full name of the individual who is responsible for the report. This person will serve as the contact person if Joint Accreditation staff experiences any issues with accessing the self-assessment report.
   - Email: List the email address for the individual who is responsible for the report.
   - Message: Please use this optional section to provide us with special instructions, passwords (if document is password protected), etc. to minimize any confusion regarding your report. If you have additional questions or concerns, please contact info@jointaccreditation.org.
4. Once you've completed step 3, please click 'SEND' (Note: it may take 1-2 minutes to send your file depending on its size and the speed of your internet connection). Once the file has been sent successfully, you will receive an email confirming the transmission.

Please contact info@jointaccreditation.org if you have any questions.

The provider should retain a duplicate set of all materials for its own reference. Materials not submitted according to established specifications may result in a delay in the accreditation review process, additional fees, and may impact the organization's accreditation status. See Section 4.A for specifications regarding structure and format.

7. Accreditation Evaluation Videoconference

The evaluation videoconference offers opportunities for both the provider and the survey team. The evaluation conference call allows the provider to: (1) discuss its CE program, overall CE program evaluation, and self- study report and (2) clarify information described and shared in the self-study report and activity files. The evaluation videoconference offers opportunities for the survey team to: (1) ensure that any questions regarding the provider's procedures or practices are answered and (2) ensure that the survey team has complete information about the provider's organization with which to formulate a report to the Joint ARC and the ACCME, ACPE and ANCC Governing bodies.

The Joint Accreditation survey team will not provide feedback on compliance, nor will it provide the organization with a summary of findings or an assessment of the expected outcome of the accreditation review. The organization's compliance, findings, and the outcome of the accreditation review are determined by the governing bodies of the ACCME, ACPE, and ANCC based on the recommendations of the Joint ARC.

SCHEDULING THE EVALUATION VIDEOCONFERENCE

Evaluation videoconferences will be scheduled based on the availability of the Joint Accreditation survey team in consultation with the provider.

8. DECISION-MAKING PROCESS

Compliance findings and the outcome of the accreditation review are determined by the Joint Accreditors based on the data and information collected in the accreditation process. The Joint Accreditors will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the Joint ARC. The Joint ARC makes recommendations on findings and status which are forwarded for action by the Governing Boards of the ACCME, ACPE and ANCC, which provide decisions on Joint Accreditation twice per year (generally, in July and December).

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of Joint Accreditation decisions are also enhanced by the Joint Accreditor's use of a criterion-referenced decision-making system. Accreditation decision letters are sent to providers via mail following the decisions of the three Governing Boards.

Appendix 1. Menu of Criteria for Joint Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
JAC 13	The provider engages patients as planners and teachers in accredited interprofessional continuing education (IPCE) and/or CE.	Accredited continuing education (CE) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CE. This criterion recognizes providers that incorporate patient and/or public representatives as planners and teachers in the accredited program.	☐ Includes planners who are patients and/or public representatives; AND ☐ Includes teachers who are patients and/or public representatives.	Attest to meeting this criterion in at least 10% of activities (but no less than two for small providers) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
JAC 14	The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	☐ Includes planners who are students of the health professions; AND ☐ Includes teachers who are students of the health professions.	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
JAC 15	The provider supports the continuous professional development of its own education team.	The participation of IPCE professionals in their own continuous professional development (CPD) supports improvements in their CE programs and advances the IPCE profession. This criterion recognizes providers that enable their IPCE team to participate in CPD in domains relevant to the IPCE enterprise. The IPCE team are those individuals regularly involved in the planning and development of IPCE/CE activities, as determined by the provider.	☐ Creates an IPCE-related continuous professional development plan for all members of its IPCE team; AND ☐ Learning plan is based on needs assessment of the team; AND ☐ Learning plan includes some activities external to the provider; AND ☐ Dedicates time and resources for the IPCE team to engage in the plan.	At review, submit description showing that the plan has been implemented for the IPCE team during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250

Appendix 1. Menu of Criteria for Joint Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
JAC 16	The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication.	Engagement by jointly accredited providers in the scholarly pursuit of research related to the effectiveness of and best practices in IPCE and/or CE supports the success of the enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	☐ Conducts scholarly pursuit relevant to IPCE and/or CE; AND ☐ Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum.	At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.
JAC 17	The provider integrates the use of health and/or practice data in the planning and presentation of accredited IPCE and/or CE.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	☐ Teaches about collection, analysis, or synthesis of health/practice data; AND ☐ Uses health/practice data to teach about healthcare improvement.	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities: * S: 2; M: 4; L: 6; XL: 8
JAC 18	The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE.	This criterion recognizes providers for expanding their IPCE and CE programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	☐ Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities: * S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250

Appendix 1. Menu of Criteria for Joint Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
JAC 19	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the IPCE program in addressing community/population health issues.	☐ Creates or continues collaborations with one or more healthcare or community organization(s); AND ☐ Demonstrates that the collaborations augment the provider's ability to address population health issues.	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.
JAC 20	The provider designs accredited interprofessional continuing education (IPCE) and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer IPCE/CE to improve those skills.	☐ Provides IPCE/CE to improve communication skills; AND ☐ Includes an evaluation of observed (e.g., in person or video) communication skills; AND ☐ Provides formative feedback to the learner about communication skills.	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
JAC 21	The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners.	Technical and procedural skills are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer IPCE/CE to help learners gain, retain, or improve technical and/or procedural skills.	☐ Provides IPCE/CE addressing technical and or/procedural skills; AND ☐ Includes an evaluation of observed (e.g., in person or video) technical or procedural skill; AND ☐ Provides formative feedback to the learner about technical or procedural skill.	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250

Appendix 1. Menu of Criteria for Joint Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
JAC 22	The provider creates and facilitates the implementation of individualized learning plans.	This criterion recognizes providers that develop individualized educational planning for the learner and/or healthcare team; customize an existing curriculum for the learner/team; track learners/teams through a curriculum; or work with learners/teams to create a self-directed learning plan where the learner/team assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual/team's professional practice gaps over time.	☐ Tracks the repeated engagement of the learner/team with a longitudinal curriculum/plan over weeks or months AND ☐ Provides individualized feedback to the learner/team to close practice gaps	At review, submit evidence of repeated engagement and feedback for this many learners or teams:* S: 25 learners or 5 teams M: 75 learners or 10 teams L: 125 learners or 15 teams XL: 200 learners or 20 teams
JAC 23	The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.	Research has shown that accredited IPCE can be an effective tool for improving healthcare teams' performance in practice. This criterion recognizes providers that can demonstrate the impact of their IPCE program on the performance of teams.	☐ Measures performance changes of teams; AND ☐ Demonstrates improvements in the performance of teams.	☐ Demonstrate that in at least 10% of activities the performance of the healthcare team improved.
JAC 24	The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.	IPCE has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their IPCE program contributes to improvements in processes of care or system performance.	☐ Collaborates in the process of healthcare quality improvement; AND ☐ Demonstrates improvement in healthcare quality.	☐ Demonstrate healthcare quality improvement related to the IPCE program at least twice during the accreditation term.
JAC 25	The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the IPCE program contributed to improvements in health-related outcomes for patients or their communities.	☐ Collaborates in the process of improving patient or community health; AND ☐ Demonstrates improvement in patient or community outcomes.	☐ Demonstrate improvement in patient or community health in areas related to the IPCE program at least twice during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250