



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Guide to the Accreditation Process

**Joint Accreditation for
Interprofessional
Continuing Education™
Commendation Criteria**

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:

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:

Describe how the provider incorporates patients and/or public representatives as planners and teachers. **Attest** to meeting this criterion in at least 10% of activities during the accreditation term. **Submit evidence** for the required number of 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.

Guidance:

Describe how the provider engages students of any of the health professions as both planners and teachers. **Attest** to meeting this criterion in at least 10% of activities during the accreditation term. **Submit evidence** for the required number of activities: S: 2; M: 4; L: 6, XL: 8.

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

Guidance:

Describe how the provider creates an IPCE-related continuous professional development plan for all members of the IPCE team that is based on needs assessment of the team. **Describe** the time and resources dedicated towards continuous professional development of the IPCE team. The learning plans should include some activities external to the provider. **Submit evidence** demonstrating that the plan has been implemented for the IPCE team during the accreditation term.

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

Guidance:

Describe the scholarly pursuits relevant to IPCE undertaken by the provider during the accreditation term. **Submit** a description of 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.

Guidance:

Describe how the provider teaches about collection, analysis, or synthesis of health/practice data. **Describe** how the provider uses health/practice data to teach about healthcare improvement. **Submit evidence** demonstrating the incorporation of health and practice data into the provider's educational program with examples for the required 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.

Guidance:

Describe how the provider 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. **Submit evidence** for the required number of activities: S: 2; M: 4; L: 6, XL: 8.

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

Guidance:

Describe how the provider creates or continues collaborations with one or more healthcare or community organizations. **Describe** how these collaborations augment the provider's ability to address population health issues. **Submit evidence** demonstrating the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.

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

Guidance:

Submit Evidence demonstrating the IPCE/CE activities that are designed to improve communication skills. **Describe** how the provider observed and evaluated communication skills (e.g., in person or video). **Describe** the process used to provide formative feedback to

learners about their communication skills. **Submit evidence, including a sample of the feedback provided to learners in each activity example**, for the required number of 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.

Guidance:

Submit Evidence demonstrating the IPCE/CE activities that are designed to address technical and/or procedural skills. **Describe** how the provider observed and evaluated technical or procedural skills (e.g., in person or video). **Describe** the process used to provide formative feedback to learners about their technical or procedural skills. **Submit evidence, including a sample of the feedback provided to learners in each activity example**, for the required number of activities: S: 2; M: 4; L: 6, XL: 8

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

Guidance:

Describe the framework of the individualized learning plan activity(ies), including how the provider tracks the repeated engagement of the learner/team with a longitudinal curriculum plan over weeks or months. **Describe** how individualized feedback is provided to the learner/team to close practice gaps. Include two examples of this feedback. **List** the number and professions of learners and/or teams who participated in the individualized learning plan(s) with repeated engagement and feedback demonstrating that the provider has met or exceeded the number of learners or teams based on program size*. **Attest** to the accuracy of the numbers provided.

*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.

Guidance:

Describe how the provider measures performance changes of teams. **Describe** improvements in the performance of teams documented by the provider as a result of the IPCE/CE activities offered. **Attest** to meeting this criterion in at least 10% of activities (but no less than two) during the most recent accreditation term. **Submit evidence** for this many activities: S: 2; M: 4; L: 6; XL, based the number program size, measured by number of activities in the most recent term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250

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

Guidance:

Describe how the IPCE program contributes to improvements in processes of care or system performance. **Describe** how the provider collaborates in the process of healthcare quality improvement. **Submit evidence** demonstrating at least two healthcare quality improvements related to the IPCE program during the accreditation term.

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

Guidance:

Describe how the provider collaborates in the process of improving patient or community health. **Describe** how the provider contributes to improvement in patient or community outcomes. **Submit evidence** demonstrating at least two improvements in patient or community health in areas related to the IPCE program during the accreditation term.

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.	<input type="checkbox"/> Includes planners who are patients and/or public representatives; AND <input type="checkbox"/> 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.	<input type="checkbox"/> Includes planners who are students of the health professions; AND <input type="checkbox"/> 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.	<input type="checkbox"/> Creates an IPCE-related continuous professional development plan for all members of its IPCE team; AND <input type="checkbox"/> Learning plan is based on needs assessment of the team; AND <input type="checkbox"/> Learning plan includes some activities external to the provider; AND <input type="checkbox"/> 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

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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.	<input type="checkbox"/> Conducts scholarly pursuit relevant to IPCE and/or CE; AND <input type="checkbox"/> 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.	<input type="checkbox"/> Teaches about collection, analysis, or synthesis of health/practice data; AND <input type="checkbox"/> 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.	<input type="checkbox"/> 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

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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.	<input type="checkbox"/> Creates or continues collaborations with one or more healthcare or community organization(s); AND <input type="checkbox"/> 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.	<input type="checkbox"/> Provides IPCE/CE to improve communication skills; AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) communication skills; AND <input type="checkbox"/> 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.	<input type="checkbox"/> Provides IPCE/CE addressing technical and or/procedural skills; AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) technical or procedural skill; AND <input type="checkbox"/> 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

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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.	<input type="checkbox"/> Tracks the repeated engagement of the learner/team with a longitudinal curriculum/plan over weeks or months AND <input type="checkbox"/> 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.	<input type="checkbox"/> Measures performance changes of teams; AND <input type="checkbox"/> Demonstrates improvements in the performance of teams.	<input type="checkbox"/> 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.	<input type="checkbox"/> Collaborates in the process of healthcare quality improvement; AND <input type="checkbox"/> Demonstrates improvement in healthcare quality.	<input type="checkbox"/> 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.	<input type="checkbox"/> Collaborates in the process of improving patient or community health; AND <input type="checkbox"/> Demonstrates improvement in patient or community outcomes.	<input type="checkbox"/> 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