Joint Accreditation Framework

Advancing Healthcare Education by the Team, for the Team

Collaborating Accreditors

Accreditation Council for Continuing Medical Education (ACCME): Co-founder

Accreditation Council for Pharmacy Education (ACPE): Co-founder

American Nurses Credentialing Center (ANCC): Co-founder

American Academy of Physician Associates (AAPA)

American Dental Association's Continuing Education Recognition Program (ADA CERP)

American Psychological Association (APA)

Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE).

Association of Social Work Boards (ASWB)

Board of Certification for the Athletic Trainer (BOC)

Commission on Dietetic Registration (CDR)

Updated January 2023

Joint Accreditation Framework
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www.jointaccreditation.org
816_20230130

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Our History

For decades, health leadership organizations have identified interprofessional education and team-based care as a critical component of healthcare quality and safety. The Institute of Medicine (IOM) issued a series of reports demonstrating the relationship between poor team performance and negative patient outcomes and called on accreditors, licensing, and certifying bodies to use their oversight processes as levers for change. Toward that end, three national accreditors in medicine, nursing, and pharmacy collaborated to create a unified accreditation system, setting standards for interprofessional continuing education (IPCE) and establishing an IPCE credit that designates activities planned by and for healthcare teams.

Cofounded in 2009 by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), Joint Accreditation for Interprofessional Continuing Education™ established the standards for interprofessional continuing education (IPCE) planned by the healthcare team, for the healthcare team. The first organizations were reviewed and granted Joint Accreditation in 2010. This collaboration offers organizations the opportunity to be simultaneously accredited to design and deliver IPCE for multiple professions through a single, unified application process, fee structure, and set of accreditation standards. Joint Accreditation is the first and only program in the world offering this benefit.

To create Joint Accreditation, the collaborating accreditors applied the principles of interprofessional collaborative practice for healthcare professionals to their own collaboration: trust, mutual respect, a willingness to build consensus and relinquish or adapt some individual approaches, and commitment to collaborate. The accreditors aimed to support interprofessional collaborative practice through IPCE, decrease the documentation burden for accredited organizations, harmonize their systems and requirements, maintain strict standards for educational quality and independence, and create foundational principles for IPCE.

Joint Accreditation standards reflect the accreditors' shared principles and apply regardless of whether the activity is designed by and for a single profession, or by and for an interprofessional team. All educational activities must be based on an identified professional practice gap(s), reflect adult learning principles, and include evaluation. Content must be valid, evidence-based, and independent of commercial influence or bias. To deliver IPCE activities, providers utilize an educational planning process that reflects input from those healthcare professionals who make up the team. The education is designed to address the professional practice gaps of the team, and to change the skills and strategy and/or performance of the healthcare team, or patient outcomes. This process is described below.

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Planning for Interprofessional Continuing Education Activities

The planning process for educational activities classified as interprofessional must demonstrate:

- An integrated planning process that includes healthcare professionals from two or more professions.
- An integrated planning process that includes healthcare professionals who are reflective of the target audience members the activity is designed to address.
- An intent to achieve outcome(s) that reflect a change in skills, strategy, or performance of the healthcare team and/or patient outcomes.
- Reflection of one or more of the interprofessional competencies to include values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork.
- An opportunity for learners to learn with, from, and about each other.
- Activity evaluations that seek to determine:
    - Changes in skills, strategy, performance of one's role or contribution as a member of the healthcare team; and/or
    - Impact on the healthcare team; and/or
    - Impact on patient outcomes

The ACCME, ACPE, and ANCC began making Joint Accreditation decisions in July 2010. By 2020, there were more than 100 jointly accredited providers. Over the years, the criteria and processes have been updated to reflect the experiences of the jointly accredited providers and the accreditors, and to be more aligned with other stakeholders of interprofessional collaborative practice. In 2019, the accreditors introduced a new, optional Menu of Criteria for Joint Accreditation with Commendation. The goal of the new criteria is to promote the value of IPCE, encourage the continued evolution of IPCE programs, and reward jointly accredited providers that implement exemplary practices and generate meaningful outcomes.

Establishing IPCE Credit

In 2017, Joint Accreditation established a new, optional credit mark. Interprofessional Continuing Education (IPCE) credits for learning and change are awarded by jointly accredited providers to identify activities that have been planned by and for the healthcare team. Research has shown that IPCE makes a substantial difference to healthcare teams and the patients they serve. Joint Accreditation created the IPCE credit in recognition of these contributions and in response to requests from jointly accredited providers and learners. The IPCE credit for learning and change enables healthcare leaders; educators; team members; certifying, licensing, and regulatory bodies; and other healthcare stakeholders to identify activities specifically designed to improve team collaboration and patient care. IPCE credit has been recognized by the Federation of State Medical Boards (FSMB) and the Georgia State Board of Pharmacy.

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Expanding the Team

During the last several years, Joint Accreditation was pleased to announce new collaborations with colleague accreditors in the health professions.

The new collaborations give jointly accredited organizations the option to offer single profession, multi- profession, and IPCE activities for athletic trainers, dentists, dietitians, optometrists, physician associates (PAs), psychologists, and/or social workers, without needing to attain separate accreditations.

- 2018: American Academy of Physician Associates (AAPA) and the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- 2019: American Psychological Association (APA) and the Association of Social Work Boards (ASWB)
- 2020: American Dental Association's Continuing Education Recognition Program (ADA CERP) and the Commission on Dietetic Registration (CDR)
- 2021: Board of Certification for the Athletic Trainer (BOC)

Collaborating Accreditors

Accreditation Council for Continuing Medical Education (ACCME): Co-founder

Accreditation Council for Pharmacy Education (ACPE): Co-founder

American Nurses Credentialing Center (ANCC): Co-founder

American Academy of Physician Associates (AAPA)

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Association of Social Work Boards (ASWB)

Board of Certification for the Athletic Trainer (BOC)

Commission on Dietetic Registration (CDR)

Community of Practice

Joint Accreditation supports the evolution of IPCE by sustaining a community of practice for jointly accredited providers and other stakeholders. The accreditors convene leadership summits for the IPCE community, hold workshops for organizations interested in learning more about Joint Accreditation, produce educational resources and reports, and initiate collaborations across the healthcare professions to further the development of IPCE.

Demonstrable Results

There is a growing body of evidence supporting the relationship between engagement in IPCE and improvements in healthcare professionals' knowledge, attitudes, competence, and performance, as well as patient or system outcomes. Joint Accreditation has led to a significant increase in the number of organizations developing team-based education, and an increase in the ability to measure team performance and patient outcomes. Increasingly, leaders and employers are asking for educational strategies that will support interprofessional teamwork within their institutions.

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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)

Expectations and Eligibility

As an organization that builds bridges with other stakeholders through collaboration and cooperation, the provider of IPCE participates within a framework for quality improvement by planning, offering and evaluating education for teams comprised of two or more healthcare professionals. The goal of this education is to address the professional practice gaps of the healthcare team using an educational planning process that reflects input from those healthcare professionals who make up the team. The education is designed to change the skills/strategy and/or performance of the healthcare team, and/or patient outcomes. Joint accreditation offers an additional option—not a restriction—for continuing education providers. Organizations that are accredited separately can also produce education for healthcare teams, and organizations that are awarded joint accreditation can also produce education that is specific to a single profession.

Eligibility

Organizations are eligible to seek accreditation as a jointly accredited provider 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;
- At least 25%* of the educational activities delivered by the organization during the past 18 months, or during a jointly accredited provider's current term of accreditation, are comprised of education designed by and for the healthcare team; and
- The organization engages in the joint accreditation process and demonstrates compliance with the criteria described in this document, and is in good standing, if currently accredited by any of the collaborating accreditors.

To learn more about the eligibility process, please visit our eligibility webpage.

*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 Joint Accreditation website.

Overview of the Joint Accreditation Process

An organization seeking accreditation as a jointly accredited provider will submit materials including a self-study report and supporting activity files, along with a fee, and will participate in the process of accreditation review that is jointly administered by ACCME, ACPE, and ANCC, and the other collaborating accreditors. The review process takes approximately 13 months and will include:

- Submission of an "intent to apply" form that includes eligibility screening questions and payment of an eligibility review fee;
- Engagement by the provider in a 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 interview conducted by a team of volunteer surveyors and a staff member;
- Review of activity documentation in activity files;
- Review of materials by a Joint Accreditation Review Committee (Joint ARC) comprised of representatives of the collaborating accreditors;
- Recommendation of the Joint ARC to the governing boards/commission of ACCME, ACPE, and ANCC.

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Terms and Statuses of Accreditation

The standard term of accreditation as a jointly accredited provider is as follows:

New Applicants: An organization seeking accreditation as a provider of IPCE that **does NOT** currently hold at least one accreditation from at least one of the cofounder accreditors (ACCME, ACPE, or ANCC) or one state accredited body (ACCME Recognized Accreditor or ANCC Accredited Approver) may be awarded a term of up to two years.

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

Joint Accreditation with Commendation: 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 have been previously 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.

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Timeline for Joint Accreditation Process

Milestone	Cycle 1	Cycle 2
Determination of eligibility (for initial applicants) ✓ Intent to Apply (eligibility questions) ✓ Eligibility Review Fee (non-refundable)	June 1	October 1
Provider informed of eligibility (for initial applicants)	July 15	November 15
Provider seeking reaccreditation submit Intent to Apply	June 1	October 1
Provider deadline to submit: ✓ List of educational activities ✓ Payment of Application Fee (non-refundable)	September 1	January 2
Provider informed which activity files, at a minimum, will be reviewed	October 15	February 15
Providers contacted to establish interview date	January/ February	June/July
Provider deadline to submit: ✓ Self-Study Report ✓ Activity files	March 1	July 1
Interview	April/ May	September/October
Joint ARC Meeting	June	October/November
Provider notified of decision no later than	July 31	December 31

Joint Accreditation Fees

Joint Accreditation utilizes a tiered structure for annual fees. Tiers are assigned by program size, based on the average number of activities **or** learner interactions, whichever falls into the higher tier, over the past three years. There are also flat fees for eligibility reviews, initial applications, reaccreditation, progress reports, extensions, and the addition of professions. Visit www.jointaccreditation.org for the current fee schedule.

Joint Accreditation Policies

Jointly accredited providers must adhere to policies regarding administrative responsibilities, CE planning and implementation, use of the Joint Accreditation Statement and Jointly Accredited Provider Mark, and credit requirements. All policies can be found on the Joint Accreditation website.

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 interviews. 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.

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Joint Accreditation Criteria

Effective June 1, 2020 (applicable to decisions on or after July 31, 2021)

An organization's status and term as a jointly accredited provider is based on demonstrated compliance with the following criteria and any current Joint Accreditation administrative policies.

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.

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.

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.

Activity Planning and Evaluation

The following criteria outline the expectations for interprofessional continuing education (IPCE) activities. If the activity is planned for a single profession or multiple professions, but not IPCE, then the criteria would be fulfilled by considering the single profession or target audience. Example: If the activity is designed for nurses only, then the provider would incorporate the educational needs that underlie the practice gaps of nurses.

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.

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.

JAC 6. The provider generates activities/educational interventions around valid content that meets the expectations set by Joint Accreditation.

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.

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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).

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

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

Integrity and Independence

The following criterion outlines the expectations for ensuring that accredited continuing education serves the needs of patients and the public; presents learners with only accurate, balanced, scientifically justified recommendations; assures learners they can trust accredited continuing education to help them deliver, safe, effective, cost-effective, and compassionate care that is based on best practice and evidence; and creates a clear, unbridgeable separation between accredited continuing education and marketing and sales.

JAC 12. 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.
b. Prevent commercial bias and marketing in accredited continuing education.
c. Identify, mitigate, and disclose relevant financial relationships.
d. Manage commercial support appropriately (if applicable).
e. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable).

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Menu of Criteria for Joint Accreditation with Commendation

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). 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.

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 of the 13 commendation criteria.

Critical Elements and Standards for Compliance: 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 demonstrate compliance with at least 10% of their activities, including demonstration in some IPCE activities. For those commendation criteria that are organizational or project-based, the specific amount or number of projects required to demonstrate compliance has been defined in the critical elements and standards.

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.

Optional: The opportunity to seek and achieve Joint Accreditation with Commendation is optional, and none of the commendation criteria are required.

Accreditation Term: Providers that successfully achieve Joint Accreditation with Commendation will be awarded a six-year accreditation term. The six-year term will only be available 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.

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Menu of Criteria for Joint Accreditation with Commendation

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

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

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

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

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

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.

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

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

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.

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

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

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

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

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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

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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 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

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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.	☐ 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 that are psychomotor in nature 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 psychomotor technical and or/procedural skills; AND ☐ Includes an evaluation of observed (e.g., in person or video) psychomotor technical or procedural skill; AND ☐ Provides formative feedback to the learner about psychomotor 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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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.	☐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 number of activities*:S:2; M:4; L:6; XL:8
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 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 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

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