



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Proposal for Modifications to Joint Accreditation Criteria

We are pleased to let you know that we have prepared a proposal for modifications to the Joint Accreditation Criteria. The proposal builds on the discussions we've had with our community of jointly accredited providers over the past two years.

The proposal includes two sets of changes:

- **Joint Accreditation Criteria 1-13:** We are suggesting minor edits for the purpose of clarity and simplification. These edits are based on questions and feedback from providers and survey teams. One of the recommended changes is to delete Criterion 11 and include an enhanced version of that criterion in the Menu of Criteria for Joint Accreditation with Commendation.
- **Menu of Criteria for Joint Accreditation with Commendation:** We've heard from jointly accredited providers that an option to achieve commendation would promote the value of interprofessional continuing education (IPCE), encourage the continued evolution of IPCE programs, and reward providers that implement exemplary practices and generate meaningful outcomes. We are seeking feedback about the criteria and the menu structure.

We welcome feedback from jointly accredited providers and other IPCE stakeholders. The proposal is included in this PDF, along with a copy of the survey, so you and your stakeholders can review before submitting your comments.

Please complete our [survey](#) by August 31, 2018.

Our goal is to support jointly accredited providers so they can continue to make a substantial difference to healthcare teams and the patients they serve. As always, we thank our providers for their efforts and we look forward to receiving your comments.

If you have any questions, please contact us at info@jointaccreditation.org.



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Proposal for Modifications to Joint Accreditation Criteria

Joint Accreditation Criteria 2.0

Proposed additions are shown in blue italics. Proposed deletions are shown in red with strikethrough.

An organization's status and term as an accredited provider of continuing education for the healthcare team is based on demonstrated compliance with the following criteria:

Mission and Overall Program Improvement

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

Activity Planning and Evaluation

4. The provider incorporates into CE 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.
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.

6. The provider generates activities/educational interventions around valid content **that matches the healthcare team's current or potential scope of practice.**
7. The provider *designs education that promotes active learning – so that teams learn from, with, and about each other – consistent with the* ~~chooses educational formats for activities/interventions that are appropriate for the setting, objectives and~~ desired results of the activity.
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 teamwork¹).
9. The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM), including the:
 - a. Identification, resolution and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity;
 - b. Appropriate management of commercial support (if applicable).
 - c. Maintenance of the separation of promotion from education (if applicable).
 - d. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.
10. The provider utilizes support strategies to **enhance sustain** change as an adjunct to its educational interventions (e.g., reminders, patient feedback).
- ~~11. The provider identifies factors outside the provider's control that impact on patient outcomes.~~
- ~~12.~~ 11. The provider implements **educational** strategies to remove, overcome, or address barriers to change *in skills/strategy or performance of* the healthcare team.
- ~~13.~~ 12. The provider analyzes changes in the healthcare team (skills/strategy, performance) *and/or* patient outcomes achieved as a result of ~~the overall program's~~ *its IPCE* activities/educational interventions.

¹Interprofessional Education Collaborative Expert Panel. 2011. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel, Washington, DC; Interprofessional Education Collaborative. Joint Accreditation Criteria Effective October 1, 2013; Revised April 19, 2017 Page 5 of 7

Menu of Criteria for Joint Accreditation with Commendation

We are seeking your feedback about the criteria, the menu structure, and the standards for determining compliance.

Menu Structure: We are proposing a menu structure 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 would need to demonstrate compliance with Joint Accreditation Criteria 1–12 *and* a selection of the 13 commendation criteria (the number to be determined).

Critical Elements and Standards for Compliance: When we release the final version, we will include the critical elements and measurement standards that will be used to determine compliance for each criterion, to help you understand and meet our expectations.

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 Criteria 1–12, but do not demonstrate compliance with commendation criteria, will receive a four-year term. Providers that were previously been awarded six-year terms will continue to be entitled to the full term—there will be no reduction of current accreditation terms.

New Option: The opportunity to achieve Joint Accreditation with Commendation would be an *option, not a requirement*.

13. The provider engages patients as planners and teachers into education that is planned for healthcare teams.
14. The provider engages students of the health professions as planners and teachers into education that is planned for healthcare teams.
15. The provider supports the continuous professional development of its own IPCE team.
16. The provider engages in IPCE research and scholarship and disseminates findings through presentation or publication.
17. The provider integrates the use of health and/or practice data of its own learners in the planning and presentation of IPCE.
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 IPCE.

19. The provider collaborates with other organizations to address population health issues.
20. The provider designs IPCE (that includes direct observation and formative feedback) to optimize communications skills of healthcare teams.
21. The provider designs IPCE (that includes direct observation and formative feedback) to optimize technical and procedural skills of healthcare teams.
22. The provider creates and facilitates the implementation of individualized learning plans for healthcare teams.
23. The provider demonstrates improvement in the performance of healthcare teams as a result of its IPCE program.
24. The provider demonstrates healthcare quality improvement achieved through the involvement of its IPCE program.
25. The provider demonstrates the positive impact of the IPCE program on patients or their communities.

Joint Accreditation Criteria Survey

1 Introduction

2 Demographic Information

3 Joint Accreditation
Criteria 2.0

4 Menu of Criteria for Joint
Accreditation with
Commendation

Demographic Information

The following information will help us analyze the needs and responses of our IPCE community and stakeholders. Your contact information will enable us to follow up with you for additional feedback and to share results. We plan to share comments, identified only by type of organization. We will not publish respondents' contact information, including names, email addresses, or affiliations. Please note that we do not remove identifying information if it is included in the comments.

Name *

First

Last

Email *

Organization *

Please tell us which of the following describes you or your organization: *

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Commendation

The list below incorporates the proposed edits. To see a version with additions and deletions color-coded, please download a PDF of the proposal at www.jointaccreditation.org.

Joint Accreditation Criteria 2.0

An organization's status and term as an accredited provider of continuing education for the healthcare team is based on demonstrated compliance with the following criteria:

Mission and Overall Program Improvement

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

Activity Planning and Evaluation

4. The provider incorporates into CE 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.
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.
6. The provider generates activities/educational interventions around valid content.
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.
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).
9. The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM), including the:

- a. Identification, resolution and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity;
- b. Appropriate management of commercial support (if applicable).
- c. Maintenance of the separation of promotion from education (if applicable).
- d. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

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

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

12. 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.

The edits are clear as written and useful.

- Yes
- No

Please include comments, suggestions, or questions.

Maximum Allowed: 1000 characters.

Joint Accreditation Criteria Survey

1 Introduction

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Menu of Criteria for Joint Accreditation with Commendation

There are 13 proposed commendation criteria. To achieve commendation, providers would need to demonstrate compliance with Joint Accreditation Criteria 1–12 and a selection of the 13 commendation criteria (the number to be determined).

13. The provider engages patients as planners and teachers into education that is planned for healthcare teams.
14. The provider engages students of the health professions as planners and teachers into education that is planned for healthcare teams.
15. The provider supports the continuous professional development of its own IPCE team.
16. The provider engages in IPCE research and scholarship and disseminates findings through presentation or publication.
17. The provider integrates the use of health and/or practice data of its own learners in the planning and presentation of IPCE.
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 IPCE.
19. The provider collaborates with other organizations to address population health issues.
20. The provider designs IPCE (that includes direct observation and formative feedback) to optimize communications skills of healthcare teams.
21. The provider designs IPCE (that includes direct observation and formative feedback) to optimize technical and procedural skills of healthcare teams.
22. The provider creates and facilitates the implementation of individualized learning plans for healthcare teams.
23. The provider demonstrates improvement in the performance of healthcare teams as a result of its IPCE program.
24. The provider demonstrates healthcare quality improvement achieved through the involvement of its IPCE program.
25. The provider demonstrates the positive impact of the IPCE program on patients or their communities.

Are the criteria clear as written?

- Yes
- No

I agree that all these criteria should be included in the menu.

- Yes
- No

If no, which criterion/criteria should not be included?

- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

Are there other criteria that should be added to the menu?

Maximum Allowed: 1000 characters.

The purpose of the menu structure is to create flexibility, reflect the diversity of the IPCE community, and offer a pathway for all provider types to achieve commendation.

Does the menu structure fulfill this purpose?

- Yes
- No

How many criteria should a provider have to fulfill to achieve commendation?

Should one or more of the criteria be mandatory for achieving commendation?

- Yes
- No

If yes, which criterion/criteria should be mandatory?

- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

Please include comments, suggestions, or questions about the commendation criteria.

Maximum Allowed: 1000 characters.

We welcome any additional feedback you may have about the Proposal for Modifications to the Joint Accreditation Criteria.

Maximum Allowed: 1500characters.