



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

# **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:

## TABLE OF CONTENTS

1. Overview and Background Information.....	3
Overview of the Joint Accreditation Process .....	3
Eligibility .....	3
Definition of Interprofessional Continuing Education (IPCE) .....	4
Term of Accreditation .....	4
Accreditation Timeline and Provider Milestones .....	5
Conducting the Self-Study .....	6
2. Data Sources Used in the Accreditation Process .....	6
3. The Decision Making Process .....	7
Consequences and Outcomes of a Progress Report .....	8
4. Preparing the Self-Study Report for Joint Accreditation.....	9
A. Structure and Format Requirements for the Self-Study Report.....	9
B. Outline for the Self-Study Report .....	9
C. Support Strategies, Barriers, and Analysis of Impact of Activities .....	13
5. Activity File Review Materials: Content, Structure and Format.....	15
A. Selection of activities for review.....	15
B. Contents of Activity File Review Materials.....	15
Note: Expectations for Regularly Scheduled Series (RSS).....	15
C. Instructions for preparing activity file materials for review.....	15
D. Instructions for preparing evidence of designation of <i>AMA PRA Category 1 Credit™</i> .....	16
6. Submitting Materials for Review.....	17
Submit online using <i>hightail</i> .....	17
7. Accreditation Interview .....	18
Interview Formats.....	18
Scheduling the Interview .....	18
8. Decision-Making Process.....	18

# 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 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 three-person team of volunteer surveyors (representative of ACCME, ACPE, and ANCC) and a staff member of one of the three accrediting bodies; and
- Review of activity documentation in activity files.

## ELIGIBILITY

Providers 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) 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 ACCME, ACPE or ANCC.

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 interview by the survey team will be presented to a Joint Accreditation Review Committee (Joint ARC) constituted equally by representatives from ACCME, ACPE, and ANCC. The accreditation recommendation made by the Joint ARC will be forwarded for final decision to the Governing boards of ACCME, ACPE, and ANCC. All accreditation decisions are unanimous and are ratified by the full Governance bodies of the ACCME, ACPE, and ANCC.

## 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 national accrediting bodies (ACCME, ACPE and/or ANCC) or one (1) state accrediting body (ACCME Recognized Accreditor or ANCC Accredited Approver) may be awarded a term of up to 2 years. If a new applicant chooses to continue as a jointly accredited provider after 2 years, it must follow the reaccreditation process outlined below.

- *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 one state accrediting body (ACCME Recognized Accreditor or ANCC Accredited Approver) may be awarded a term of six years if the provider is in compliance with all joint accreditation 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 in one year.

- *Reaccreditation for Jointly Accredited Providers:*

An organization that is already a jointly accredited provider may be awarded a term of six years if the provider is in compliance with all Joint Accreditation 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 one year.

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 accredited interprofessional continuing education (IPCE) 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 nurses, pharmacists, or physicians 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 :

<b>Milestone</b>	<b>Cycle 1</b>	<b>Cycle 2</b>
Determination of eligibility <ul style="list-style-type: none"> <li>✓ Intent to apply</li> <li>✓ Eligibility Review Fee (\$1,500)</li> </ul>	June 1	October 1
Provider informed of eligibility decision	July 1	November 1
Provider deadline to submit: <ul style="list-style-type: none"> <li>✓ Activity list</li> <li>✓ Application Fee (\$22,000)</li> </ul>	September 1	January 1
Provider informed which activity files, at a minimum, will be reviewed	October 15	February 15
Provider contacted to establish interview date	January/February	April/May
Provider deadline to submit: <ul style="list-style-type: none"> <li>✓ Self-Study Report</li> <li>✓ Activity files</li> </ul>	March 1	July 1
Interview	April/May	August/September
Joint ARC Meeting	June	October

Provider notified of decision	July 31	December 31
-------------------------------	---------	-------------

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

<b>Milestone</b>	<b>Cycle 1</b>	<b>Cycle 2</b>
Intent to re-apply for Joint Accreditation	June 1	October 1
Provider deadline to submit: <ul style="list-style-type: none"> <li>✓ Activity list</li> <li>✓ Reapplication Fee (\$4,500)</li> </ul>	September 1	January 1
Provider informed which activity files, at a minimum, will be reviewed	October 15	February 15
Provider contacted to establish interview date	January/February	April/May
Provider deadline to submit: <ul style="list-style-type: none"> <li>✓ Self-Study Report</li> <li>✓ Activity files</li> </ul>	March 1	July 1
Interview	April/May	August/September
Joint ARC Meeting	June	October
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 interview conducted by a survey team.

The Joint Accreditation process is **an opportunity** for the provider to demonstrate 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 describe *and* provide *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 label its activity documentation according to instructions.

A sample of activities will be selected for activity file review. The activities must have been developed by and provided for the interprofessional healthcare team. For information on the structure, format and content requirements for activity files, please see **Section 5** of this document.

3. **Accreditation interview:** This will allow the provider an opportunity to amplify, verify, and clarify the information provided in the self-study document and activity files. Interview activities may consist of review of additional activity files and interviews of staff of the provider organization, individuals involved in the planning or implementation of the educational activities, as well as individual learners. The interview presents an opportunity to describe or provide clarification, as needed, on aspects of practice described and verified in the self-study report or 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 interview, 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 interview. Compliance options for each of the Joint Accreditation criteria include:
  - i. Compliance (the provider meets the criteria for Compliance).
  - ii. Noncompliance (the provider does not meet the criteria 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 Criterion will result in the requirement of a progress report. Failure to demonstrate compliance in the progress report may result in Probation.
4. If a provider is found to be in noncompliance with a majority of the criteria or, as determined by the Joint ARC, the noncompliance is determined to be egregious in nature, then it will not receive Joint Accreditation.

#### CONSEQUENCES AND OUTCOMES OF A PROGRESS REPORT

1. If the Provider's evidence is compliant with the 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 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 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 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 the reader an understanding of CE practice(s) related to the 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 content 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. Include the following completed forms at the beginning of the self-study document:
  - a) Intent to Apply Form
  - b) CE Activity List
4. **Provide required narrative and attachments** for each Criterion.
5. **Consecutively number each page** - including the attachments. The name (or abbreviation) of the organization must appear with the **page number on each page**.
6. **Type with at least 1" margins** (top, bottom and sides), using **11 point type or larger**.
7. **Do not exceed 150 sides/pages of content, including narrative and attachments.**

### B. OUTLINE FOR THE SELF-STUDY REPORT

#### I. Introduction

- A. Intent to Apply form
- B. CE Activity List
- C. 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.

#### II. Criteria

- A. Mission and Overall Program Improvement

**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 (comprised of individuals from two or more healthcare professions), 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 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. Describe **conclusions** regarding the provider's success at meeting 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 on 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 that were not implemented, explain why they were not implemented and what plans there are to address them in the future.

## **B. The Educational Activity Planning Process**

**JAC 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 of the healthcare team.

**Guidance:**

**Describe and provide an example of** how the provider incorporates the educational needs (knowledge, skills/strategy, 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 its learners;
- ii. How the provider identifies the educational need(s) that underlie those gaps; and,
- iii. How the provider incorporates these needs into activities or a set of activities and,

- iv. What are the educational need(s) resulting from the professional practice gap(s) of the learners for the example selected.

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

**Guidance:**

**Describe:** the provider's process of designing activities to change knowledge, skills/strategy, or performance, or patient outcomes.

**JAC 6:** The provider generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of practice.

**Guidance:**

**Describe** how the provider, at the CE program or activity planning level, matches the content of its activities to learners' current or potential scope of practice.

**JAC 7:** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

**Guidance:**

**Describe** the different educational formats (i.e., activity type and methodology) the provider uses for its activities. Explain the rationale or criteria used in the selection of formats to ensure the format is appropriate for the setting, objectives, and desired results of an activity. Explain how the participants learned with, from, and about each other.

**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<sup>1</sup>).

**Guidance:**

**Describe** how the provider develops CE activities in the context of desirable attributes of the health care team (e.g., IOM competencies, professional competencies, health care team competencies). Using 2 activities, provide documentation of how the competencies were operationalized within the activity planning process.

**JAC 9a-d:** The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities<sup>SM</sup>).

**Guidance:**

**ACCME Standards for Commercial Support 1:**

- i. Describe how the provider makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the determination of

---

<sup>1</sup> Interprofessional Education Collaborative Expert Panel. 2011. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC; Interprofessional Education Collaborative.

educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control the content; (e) the selection of educational methods, and (f) the evaluation of the activity. (SCS 1.1)

- ii. Under very rare circumstances, an accredited provider might choose to develop activities that include the presentation of discovery, research or new knowledge by employees of ACCME-defined commercial interests. When that happens, it is important that you demonstrate through your description that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. (See <http://accme.org/ask-accme/can-provider-allow-oral-or-written-reporting-scientific-research-employee-commercial> for more information on this topic.) **If your organization is involved in these rare circumstances, please:**
  - a. Describe factors the provider considers in determining an appropriate role of an ACCME-defined commercial interest employee in planning and/or presenting accredited CE; and
  - b. Describe the mechanisms implemented to ensure that the provider ensures independence in these situations. (SCS 1.1)
  - c. If the provider enters into collaborative educational relationships with non-accredited organizations, describe the process used by the provider to ensure that these organizations are not commercial interests. (SCS 1.2)

**ACCME Standards for Commercial Support 2 and 6 (JAC 9a):**

- i. **Describe** the mechanism(s) used by the provider to ensure that all individuals in a position to control educational content have disclosed relevant financial relationships with commercial interests. In the description, include the provider's mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2)
- ii. **Describe** the mechanism(s) used by the provider to identify conflicts of interest prior to an activity. (SCS 2.3)
- iii. **Describe** the mechanism(s) used by the provider to resolve conflicts of interest prior to an activity. (SCS 2.3)
- iv. **Describe** the provider's process (es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. (SCS 6.1-6.5)

**ACCME Standards for Commercial Support 3 (JAC 9b):**

- i. **Attach** written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8)
- ii. **Describe** how the provider ensures that social events do not compete with or take precedence over educational activities. (SCS 3.11)

**NOTE: If the provider accepts commercial support, respond to iii - v; if not, omit questions iii-v.**

- iii. **Describe process** (es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1)
- iv. **Describe** how the provider ensures that all commercial support is given with the provider's full knowledge and approval. Include in the response all policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. (SCS 3.3; 3.9)
- v. Attach an **example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS. (SCS 3.4-3.6)

#### **ACCME Standards for Commercial Support 4 (JAC 9c):**

- i. If **commercial exhibits** are associated with any of the provider's CE activities, describe how the provider ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CE activities. (SCS 4.1)
- ii. If **advertisements** are associated with any of the provider's CE activities, describe **how** the provider ensures that advertisements or other product- promotion materials are kept separate from the education. Distinguish between processes related to advertisements and/or product promotion in each of the following types of CE activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.4)

#### **ACCME Standards for Commercial Support 5 (JAC 9d):**

**Describe** planning and monitoring used to ensure that:

- a. The content of CE activities does not promote the proprietary interests of any commercial interests. (SCS 5.1)
- b. CE activities give a balanced view of therapeutic options. (SCS 5.2)
- c. All the recommendations involving clinical medicine in a CE activity must be based on evidence that is accepted within the health profession being addressed as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CE in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

### **C. SUPPORT STRATEGIES, BARRIERS, AND ANALYSIS OF IMPACT OF ACTIVITIES**

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

**Guidance:**

**Describe** how the provider utilizes non-education strategies to enhance change as an adjunct to its educational activities. Include an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented.

**JAC 11:** The provider identifies factors outside the provider's control that impact on patient outcomes.

**Guidance:**

**Describe** how the provider identifies factors outside of its control that may have an impact on patient outcomes. These instances might be specific to the planning of a CE activity or at the overall CE program level. Include **examples** of factors outside of the provider's control that may have an impact on patient outcomes.

**JAC 12:** The provider implements educational strategies to remove, overcome, or address barriers to change for the healthcare team.

**Guidance:**

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

**JAC 13:** The provider analyzes changes in the healthcare team (skills/strategy, or performance) or patient outcomes achieved as a result of the overall program's activities/educational interventions.

**Guidance:**

**Describe conclusions** drawn from the analysis of changes in learners' skills/strategy or performance or the patient outcomes achieved as a result of the provider's overall program's activities/educational interventions.

Provide a **summary of the data** upon which analysis of changes in learners was based.

## 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.

### 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 its 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. Providers have the following option for submitting evidence of performance-in-practice to the Joint Accreditors:

## Submit Evidence Using the Joint Accreditation Performance-in-Practice Structured Abstract

The Joint Accreditation Performance-in-Practice Structured Abstract may be downloaded from the Joint Accreditation website, or you may download the Abstract directly using this link ([http://www.jointaccreditation.org/sites/default/files/Joint%20Accreditation\\_Structured\\_Abstract.docx](http://www.jointaccreditation.org/sites/default/files/Joint%20Accreditation_Structured_Abstract.docx)) if you are connected to the Internet. Each activity file should include a completed structured abstract form. Using the Structured Abstract, you will complete text-limited fields, tables, and attach evidence that verifies the activity meets the Joint Accreditation requirements.

Each selected activity needs to be submitted as one (1) PDF file, for a total of nine (9) individual PDF activity files.

### D. INSTRUCTIONS FOR PREPARING EVIDENCE OF DESIGNATION OF AMA PRA CATEGORY 1 CREDIT™

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 (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.'
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.
  - Subject: The subject line should include the report type, provider name, and review cycle. (i.e. JA RT PharmRUs F2019)  
JA = Joint Accreditation      RT = 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](mailto: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](mailto:info@jointaccreditation.org) if you have any questions.

***The provider should retain a duplicate set of all materials at their offices for its own reference. Materials not submitted according to required specifications may be returned at the provider's expense. This may result in a delay in the accreditation review process, additional fees, and may impact the organization's accreditation status. Particularly important format considerations are bookmarking, length of the self-study report, and pagination.***

## 7. ACCREDITATION INTERVIEW

The interview offers opportunities for both the provider and the survey team. The interview 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 interview 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 ACCME, ACPE, and ANCC based on the recommendations of the Joint ARC.

### INTERVIEW FORMATS

The interviews are a dialogue directed by the survey team with staff of the provider. Interviews will last approximately 90 minutes, which provides ample time to verify, clarify, and amplify the self-study report documentation. The standard format for Joint Accreditation survey interviews is via conference call.

### SCHEDULING THE INTERVIEW

Interviews will be scheduled based on 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 Accrerator'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.