



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Joint Accreditation Criteria

Modifications to Core Criteria
and
Menu of Criteria for Joint Accreditation with Commendation

Adopted and Released June 2019
Effective June 1, 2020



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Overview

We are pleased to announce that we have made the following changes to the Joint Accreditation Criteria.

- **Joint Accreditation Core Criteria:** We made minor edits for the purpose of clarity and simplification. These edits include adding brief introductions to each section and moving the criterion related to independence in its own section at the end. We deleted Criterion 11 and included an enhanced version of that criterion in the Menu of Criteria for Joint Accreditation with Commendation (see Criterion 18). The criteria have been renumbered accordingly. These edits are based on questions and feedback from providers and survey teams.
- **Menu of Criteria for Joint Accreditation with Commendation:** We created these new criteria because we heard from you that an option to achieve commendation will 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 included an explanation of the menu structure, timeline for implementation, and our expectations for compliance.

The changes are effective as of June 1, 2020.

We made the criteria modifications and introduced the option to achieve commendation in response to feedback from our community of jointly accredited providers. We thank all of you who participated in our discussions over the past few years and who contributed to our call for comment. We appreciate your insights and perspectives and look forward to continuing to work with you to advance healthcare education by the team, for the team.

If you have any questions, we are happy to help. Please contact us at info@jointaccreditation.org.



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Joint Accreditation Criteria JAC 1–12

The following edits have been made to the Joint Accreditation Criteria (JAC). Each section begins with a new introduction. The criterion related to independence is now in its own section at the end (JAC 12). The JAC have been renumbered accordingly.

Additions to the criteria are shown in blue italics. Deletions are shown in red with strikethrough.

An organization's status and term as an accredited provider of continuing education (CE) for the healthcare team 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.

1. The provider **articulates has** a continuing education (CE) mission statement that highlights education for the healthcare team **with** expected results **are specified** articulated in terms of changes in skills/strategy, or performance of the healthcare team, **and/or in** patient outcomes.
2. The provider gathers data or information and conducts a program-based analysis **of 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 is** 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 (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.

4. The provider incorporates into **CE 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**.
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 professional activities** **meets the expectations set by Joint Accreditation**.
7. The provider **chooses educational formats for activities/interventions appropriate for the setting, objectives, and desired results of the activity** **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 teamwork¹).
9. The provider utilizes support strategies to **enhance sustain** change as an adjunct to its educational interventions (e.g., reminders, patient feedback). **[This was formerly JAC 10.]**
10. The provider implements **educational** strategies to remove, overcome, or address barriers to change **in the skills/strategy or performance of** the healthcare team.

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

11. The provider analyzes changes in the healthcare team (skills/strategy, performance) **and/or** patient outcomes achieved as a result of **the overall program's activities/educational interventions** **its IPCE** activities/educational interventions. **[This was formerly JAC 13.]**

Independence

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

12. 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 and resolution of conflicts of interest, and disclosure ***of the presence or absence*** 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 healthcare and NOT proprietary interests of a commercial interest.

[This was formerly JAC 9.]



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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. (See details on the transitional period below.)

Implementation: Providers submitting their “intent to apply” for initial or reaccreditation on or after June 1, 2020 will be eligible to seek Joint Accreditation with Commendation.

Transitional Period: Providers receiving joint accreditation decisions **through 2020** will continue to be eligible to receive a term of six years if compliance is demonstrated for the current JAC 1-13.

Menu of Criteria for Joint Accreditation with Commendation

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

Menu of Criteria for Joint Accreditation with Commendation

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

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

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.	<input type="checkbox"/> Conducts scholarly pursuit relevant to IPCE and/or CE; AND <input type="checkbox"/> Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum.	At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.
JAC 17	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	<input type="checkbox"/> Teaches about collection, analysis, or synthesis of health/practice data; AND <input type="checkbox"/> Uses health/practice data to teach about healthcare improvement.	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S: 2; M: 4; L: 6; XL: 8
JAC 18	The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE.	This criterion recognizes providers for expanding their IPCE and CE programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	<input type="checkbox"/> Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

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

Menu of Criteria for Joint Accreditation with Commendation

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

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

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.	<input type="checkbox"/> Tracks the repeated engagement of the learner/team with a longitudinal curriculum/plan over weeks or months AND <input type="checkbox"/> Provides individualized feedback to the learner/team to close practice gaps	At review, submit evidence of repeated engagement and feedback for this many learners or teams:* S: 25 learners or 5 teams M: 75 learners or 10 teams L: 125 learners or 15 teams XL: 200 learners or 20 teams
JAC 23	The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.	Research has shown that accredited IPCE can be an effective tool for improving healthcare teams' performance in practice. This criterion recognizes providers that can demonstrate the impact of their IPCE program on the performance of teams.	<input type="checkbox"/> Measures performance changes of teams; AND <input type="checkbox"/> Demonstrates improvements in the performance of teams.	<input type="checkbox"/> Demonstrate that in at least 10% of activities the performance of the healthcare team improved.
JAC 24	The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.	IPCE has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their IPCE program contributes to improvements in processes of care or system performance.	<input type="checkbox"/> Collaborates in the process of healthcare quality improvement; AND <input type="checkbox"/> Demonstrates improvement in healthcare quality.	<input type="checkbox"/> Demonstrate healthcare quality improvement related to the IPCE program at least twice during the accreditation term.
JAC 25	The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the IPCE program contributed to improvements in health-related outcomes for patients or their communities.	<input type="checkbox"/> Collaborates in the process of improving patient or community health; AND <input type="checkbox"/> Demonstrates improvement in patient or community outcomes.	<input type="checkbox"/> Demonstrate improvement in patient or community health in areas related to the IPCE program at least twice during the accreditation term.

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