



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

**Joint Accreditation for the Provider of Continuing Education for the Healthcare Team**  
***“Accreditation of Continuing Education Planned by the Team for the Team”***  
**An interprofessional collaborative program co-founded by ACCME, ACPE, and ANCC**

### **History**

Beginning in 1998, the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) began the process of aligning the three accrediting systems to create a unified “joint accreditation” process for organizations that develop education for the healthcare team. The goals of this joint accreditation are to support interprofessional collaborative practice (IPCP) through interprofessional continuing education (IPCE), and at the same time to streamline the accreditation processes. Interprofessional education (IPE) is designed 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, performance, or patient outcomes of the healthcare team. In 2009, specific joint accreditation criteria, eligibility information and process steps for joint accreditation were released. The ACCME, ACPE and ANCC began making Joint Accreditation decisions in July 2010. Now, these criteria and processes have been updated to reflect the experiences of the providers and the accreditors, and to be more aligned with other stakeholders of IPCP.

In 2018, Joint Accreditation for Interprofessional Continuing Education™ was pleased to announce a new collaboration with the American Academy of PAs (AAPA) and the Association of Regulatory Boards of Optometry’s Council on Optometric Practitioner Education (ARBO/COPE). The new collaboration gives jointly accredited organizations the option to include PAs (physician assistants) and optometrists in their education programs, without needing to attain separate accreditations with AAPA and COPE.

In 2019, Joint Accreditation for Interprofessional Continuing Education™ was pleased to announce a new collaboration with the American Psychological Association (APA) and the Association of Social Work Boards (ASWB). This new collaboration gives jointly accredited organizations the option to include psychologists and social workers in their education programs, without needing to attain separate accreditations with APA and ASWB.

### **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**

As an organization that builds bridges with other stakeholders through collaboration and cooperation, the provider of continuing education (CE) for the healthcare team 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 will be 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,

performance, or patient outcomes of the healthcare team. Joint accreditation offers an additional option — not a restriction — for continuing education providers. Organizations that are accredited separately can also produce education for health care 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 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;
- At least 25% of the educational activities delivered by the organization during the past 18 months 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 below, is in good standing, and, if currently accredited, any associated accreditation policies required by ACCME, ACPE or ANCC.

### Overview of the Joint Accreditation Process

An organization seeking accreditation as a provider of continuing education for the healthcare team 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. The review process is expected to take 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 three-person team of volunteer surveyors and a staff member;
- Review of activity documentation in activity files;
- Review of materials to a Joint Accreditation Review Committee (Joint ARC) comprised of representatives of the national accrediting bodies;
- Recommendation of the Joint ARC to the governing boards/commission of ACCME, ACPE, and ANCC.

### 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, or ANCC) or one (1) state accredited body (ACCME Recognized Accreditor or ANCC Accredited Approver) may be awarded a term of up to two (2) 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 six (6) years if the provider is determined to be in compliance with **all** joint accreditation criteria. If a provider is in non-compliance with any one (1) or more criteria, and is awarded Joint Accreditation, the provider may receive an accreditation term of four (4) 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 at term of six (6) years if the provider is determined to be in

compliance with all joint accreditation criteria. If the provider is in non-compliance with any one (1) or more criteria, and is awarded Joint Accreditation, the provider may receive an accreditation term of four (4) years with a progress report due at a specified time.

**(Note:** The ACCME, ACPE, and ANCC reserve 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 organized structure.

If a provider 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 or approval body as desired.

**Timeline for Joint Accreditation Process**

<b>Milestone</b>	<b>Cycle 1</b>	<b>Cycle 2</b>
Determination of eligibility (for initial applicants) <ul style="list-style-type: none"> <li>✓ Intent to Apply (eligibility questions)</li> <li>✓ Eligibility Review Fee (non-refundable)</li> </ul>	June 1	October 1
Provider informed of eligibility (for initial applicants)	July 1	November 1
Provider seeking reaccreditation submit Intent to Apply	June 1	October 1
Provider deadline to submit: <ul style="list-style-type: none"> <li>✓ List of educational activities</li> <li>✓ Payment of Application Fee (non-refundable)</li> </ul>	September 1	January 1
Provider informed which activity files, at a minimum, will be reviewed.	October 15	February
Providers 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

## **Joint Accreditation Criteria**

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, or patient outcomes.
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.
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.

### **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 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, 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 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 teamwork<sup>1</sup>).
9. 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>), 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.

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<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.

10. The provider utilizes support strategies to enhance 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. The provider implements educational strategies to remove, overcome, or address barriers to change for the healthcare team.
13. The provider analyzes changes in the healthcare team (skills/strategy, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

## **Responsibilities of Jointly Accredited Providers**

### **Administrative Responsibilities:**

1. Jointly accredited providers are accountable for timely submission of fees required to attain or maintain accreditation.
2. Jointly accredited providers are accountable for timely submission of information such as self-study materials, progress reports, and annual reports.
3. Jointly accredited providers are required to report all of their CE activities to the Joint Accreditation Program and Activity Report System (JA-PARS).
4. ACCME, ACPE, and ANCC reserve the right to publish on their web sites all public information related to jointly accredited providers. Public information includes:
  - a) Names and contact information for jointly accredited providers
  - b) Accreditation status of jointly accredited provider
  - c) Any other data/information that the accrediting bodies believe qualifies as 'public information'
5. Jointly accredited organizations must inform the Joint Accreditation for Interprofessional Continuing Education™ at [info@jointaccreditation.org](mailto:info@jointaccreditation.org) of any changes in ownership or structure within 30 days of such change. Please see [Joint Accreditation's Substantive Change policy](#).
6. Providers shall comply with all relevant Federal, State and local laws related to the provision of continuing education activities.

### **Operational Responsibilities:**

1. The planning process for educational activities classified as "interprofessional" must demonstrate:
  - a. An integrated planning process that includes health care professionals from two or more professions;
  - b. An integrated planning process that includes health care professionals who are reflective of the target audience members the activity is designed to address;
  - c. An intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the health care team and/or patient outcomes;
  - d. Reflection of one or more of the interprofessional competencies to include: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork;
  - e. An opportunity for learners to learn with, from, and about each other;
  - f. 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.

2. Continuing education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a healthcare professional uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession as within the basic healthcare sciences, the discipline of healthcare, and the provision of health care to the public.
3. Accredited providers are responsible for validating the clinical content of CE activities that they provide. Specifically,
  - All the recommendations involving healthcare in a CE activity must be based on evidence that is accepted within the profession 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.
  - Providers are not eligible for Joint Accreditation if they present activities that promote recommendations, treatment, or manners of practicing healthcare that are not within the definition of CE, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CE is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for Joint Accreditation.
4. The appropriate Joint Accreditation statement must be provided to learners prior to the start of each educational activity and on the certificate of completion if one is provided.
5. Activity files must be retained by the jointly accredited organization for six years following provision of the educational activity.
6. An accredited provider must be able to verify participation of learners, when authorized by the learner, for up to six years.

Use of the Joint Accreditation Mark and Provider Statement:

1. The appropriate Joint Accreditation statement must be used in conjunction with the Joint Accreditation mark to learners prior to the start of each educational activity (e.g. activity announcements, etc.) and on the certificate of completion if one is provided. The following accreditation statement in close conjunction with the Joint Accreditation mark to be used:



“In support of improving patient care, [Insert name of Joint Accredited Provider] is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.”

2. If an activity is planned, implemented and evaluated by two or more organizations and one of the organizations is jointly accredited, the accreditation statement in close conjunction with the Joint Accreditation mark to be used is:



“In support of improving patient care, this activity has been planned and implemented by \_\_\_\_\_ and \_\_\_\_\_. [Insert name of Joint Accredited

Provider] is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.”

#### Designation of Credit:

1. IPCE Credit: Jointly accredited providers may include the following credit mark and statement with their interprofessional continuing education activities *in addition* to the Joint Accreditation statement. The IPCE credit designation should only be used for activities that have been planned by and for the healthcare team. For activities that are focused on a single profession, for example, medicine, nursing, or pharmacy, jointly accredited providers should designate the appropriate credit. Use of the IPCE credit is *optional* but will serve to highlight to your learners that the activity has been planned by and for the healthcare team.

The IPCE credit mark and statement of credits can be included on certificates of participation or other meeting material as determined by the jointly accredited provider.



***“This activity was planned by and for the healthcare team, and learners will receive (INSERT #) Interprofessional Continuing Education (IPCE) credits for learning and change.”***

Joint Accreditation Criteria require that IPCE reflect practice-based needs and utilize the educational modality most appropriate to the expected results. Activities may be designed to allow learners to participate at their own pace and/or over a period of time. Therefore, IPCE credits should be calculated by the jointly accredited provider based on the estimated time allotted for the education. The jointly accredited provider may establish a reasonable estimate of the hours of engagement for the educational activity.

[Download the IPCE credit mark.](#)

For more information, please see [this information page](#).

2. CE credit must be determined in a logical and defensible manner. CE credit is awarded to participants for those portions of the educational activity devoted to the learning and experience and time spent evaluating the activity. Educational activities may also be conducted “asynchronously” and CE credit awarded at the conclusion of the activities. Time frames must match and support the CE credit calculation for live activities. For enduring materials, print, electronic, Web-based, etc., the method for calculating CE credit may include but is not limited to a pilot study, historical data, or complexity of content.
3. CE credit may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of CE credit hours to award. Those participants may be awarded CE credit once the number is determined.
4. When calculating CNE (continuing nursing education) credit, time may be rounded down but may not be rounded up. For instructions on awarding ANCC credit, please refer to the [ANCC Primary Accreditation Provider Application Manual](#) free e-Book on ANCC’s website.
5. When awarding CPE (continuing pharmacy education) credit, jointly accredited organizations must utilize the online submission of activity and participant information via CPE Monitor™. For

instructions on awarding ACPE credit, please refer to the [Guidance for Jointly Accredited Providers to Award ACPE Credit](#) document on the Joint Accreditation website.

6. When awarding CME (continuing medical education) credit, jointly accredited organizations must comply with the requirements established by the credit system, e.g., AMA PRA Category 1 Credit, AAFP Prescribed Credit, ACOG Cognates. For instructions on awarding AMA PRA Category 1 Credit, please refer to the [AMA PRA Credit System](#) informational page.
7. When awarding AAPA Category 1 CME credit, jointly accredited organizations must comply with the requirements established by AAPA. Please see the following [Format-Specific Guidelines](#) document for instructions on awarding AAPA Category 1 CME credit.
8. When awarding COPE credit, jointly accredited organizations must comply with the requirements established by COPE. Please see the following [Awarding COPE Credit](#) document and [COPE Required Provider Information](#) for instructions to award COPE credit.
9. When awarding APA credit, joint accredited organizations must comply with the requirements established by APA. For instructions on awarding this credit, please see the [APA Standards for Awarding Credit](#) document.
10. When awarding ASWB credit, jointly accredited organizations must comply with the credit requirements established by ASWB ACE. Please refer to the [Guidance for Jointly Accredited Organizations Planning to Offer ACE Credit](#) document for instructions.

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### Joint Accreditation Fee Schedule

Fee Type	Amount
Eligibility Review Fee:	\$1,500.00
Initial Application Fee:	\$22,000.00
Annual Fee:	\$15,800.00
Reaccreditation Fee:	\$4,500.00
Progress Report Fee:	\$1,500.00
Extension Fee:	\$1,500.00
Profession Addition Fee:	\$1,500.00

*Disclaimer: Joint Accreditation fees are subject to change. Changes, if necessary, will be announced on the Joint Accreditation website and current jointly accreditation organizations will be notified via email.*