

Getting Started with Joint Accreditation for Interprofessional Continuing Education™

ACCME | ACPE | ANCC

Advancing Healthcare Education by the Team for the Team
www.jointaccreditation.org



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Purpose

The purpose of our day together is to help you answer the following questions:

- Is my organization eligible for Joint Accreditation?
- What is the application process for Joint Accreditation?
- What is the timeline for my organization to become Jointly Accredited?
- What requirements (Criteria) do we have to meet in order to be Jointly Accredited?
- Is Joint Accreditation the right fit for my organization?



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Welcome!



Dimitra Travlos, PharmD

Assistant Executive Director & Director,
Continuing Pharmacy Education
Accreditation Council for Pharmacy Education



Kathy Chappell, PhD, RN, FAAN, FNAP

VP, Accreditation Program and Institute for Credentialing Research
American Nurses Credentialing Center



Kate Regnier, MA, MBA

Executive Vice President
Accreditation Council for Continuing Medical Education



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What are your
learning goals for
this meeting?



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Eligibility

Is my organization eligible for Joint Accreditation?

<http://www.jointaccreditation.org/eligibility>

Let's discuss!

1. Planned **by** the healthcare team **for** the healthcare team; how are you structured to plan and conduct IPCE?
2. Already **doing** continuing interprofessional education (at least 25% of activities in past 18 months)?
3. Incorporating **2 or more** of the professions?

Eligibility Criteria

page

1

- The structure and processes to plan and present designed by and for the healthcare team are in place and functional for at least the past 18 months.
- At least 25% of all educational activities developed by the organization during the past 18 months are categorized as "interprofessional" and can demonstrate an integrated planning process that includes health care professionals from two or more professions who are reflective of the target audience the activity is designed to address.
- Your organization 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.



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The Joint Accreditation Process

What is the application process and timeline for Joint Accreditation?

<http://www.jointaccreditation.org/timeline>

Let's discuss!

1. About 14 months:
 - June 1, 2016 – July 31, 2017
 - October 1, 2016 – November 30, 2017

- Where are you in this process?
2. Do you have any questions about the cycle timeline, activity list format, etc.?

Process

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1. The Provider submits Intent to Apply form to ACPE
2. The Provider submits self-study report to ACPE
3. ACPE staff reviews materials for consistency to documentation and materials are included
4. ACPE staff sends materials out to site surveyors in advance of scheduled review
5. Site surveyors review materials in advance of the interview
6. Site surveyors travel to Chicago to participate in Provider interview via conference call
7. Staff assesses interview
8. Survey team recommends accreditation
9. Board of Accreditation makes decision

Joint Accreditation Timeline

page

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Milestone	Cycle 1	Cycle 2	Cycle 3
Determination of eligibility	June 1	June 1	June 1
• Intent to Apply	July 1	July 1	July 1
• Engage Review Fee	July 1	July 1	July 1
Provider informed of eligibility decision	September 1	September 1	September 1
Provider deadline to submit:	September 1	September 1	September 1
• Activity list of educational activities	September 1	September 1	September 1
• Application Fee	September 1	September 1	September 1
Provider informed which activity files, at a minimum, will be reviewed	October 15	October 15	October 15
Providers completed to establish interview date	January/February	January/February	January/February
Provider deadline to submit:	March 1	March 1	March 1
• Self Study Report	March 1	March 1	March 1
• Activity Files	March 1	March 1	March 1
Interview	April/May	April/May	April/May
Joint AHC Meeting	June	June	June
Provider notified of decision no later than	July 31	July 31	July 31
		November 30	November 30

Sharing Strategies: The Joint Accreditation Process

Dody Angelini, MSN, RN

Executive Director, CE Accreditations and
Approvals

OnCourse Learning

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Table Talk #1

Discussion questions are in
each handout at your table.



What questions do you have about **eligibility** or the Joint Accreditation **process?**



Joint Accreditation Criteria

Joint Accreditation Criteria page 4

An organization's status and term as an accredited provider of continuing education 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 education for the healthcare team with expected results articulated in terms of skills/strategy, or performance of the healthcare team, or patient outcomes.
2. The provider gathers data or information and conducts a program-based analysis 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).
9. The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial SupportSM), 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 healthcare and NOT proprietary interests of a commercial interest.

SMInterprofessional Education Collaborative Expert Panel, 2011. Core Competencies for Interprofessional Collaborative Practice. Report of the Expert Panel, Washington, DC: Interprofessional Education Collaborative.

An organization's status and term as an accredited provider of continuing education for the healthcare team is based on demonstrated compliance with the **thirteen** (13) Joint Accreditation Criteria.



Mission and Overall Improvement

JAC1: *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.*

1. Mission statement – highlighting IPCE
2. Include expected results of your CE Program
3. Expected results are articulated in terms of changes in skills/strategies AND/OR performance of the team AND/OR patient outcomes



Mission and Overall Improvement

JAC2: *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.*

1. Gather information about the CE activities & overall program
2. Analyze that information
3. Have you met your CE Mission?



Mission and Overall Improvement

JAC3: *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.*

1. What changes are needed to better meet your CE mission?
2. Have you implemented these changes or do you have a plan to implement the changes?



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Table Talk #2

Discussion questions are in each handout at your table.



What questions do you have about Joint Accreditation **Criteria 1-3** about *Mission and Overall Improvement?*



Activity Planning – Part 1

JAC4: *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.*

1. Practice gaps of the healthcare team
What is the problem in practice of the healthcare team or individual members of the team?
2. Educational needs underlying those gaps: knowledge, AND/OR skills/strategy, AND/OR performance
Why does that problem exist?



Activity Planning – Part 1

JAC5: *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.*

1. Plans activities
2. Goal of changing skills/strategies, AND/OR performance of the team, AND/OR patient outcomes
3. Consistent with CE Mission



Activity Planning – Part 1

JAC6: *The provider generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of practice.*

1. Valid content
2. Consistent with scope of practice of the healthcare team



Activity Planning – Part 1

JAC7: *The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.*

Consideration of educational format.

- *What format can help make the change(s) needed?*
- *Did the educational format allow the healthcare team to learn with, from, and about each other?*



Activity Planning – Part 1

JAC8: *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).*

Consider established competencies for the healthcare team; for example:

- *Institute of Medicine competencies*
- *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*



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Table Talk #3

Discussion questions are in each handout at your table.



What questions do you have
about Joint Accreditation
Criteria 4-8 related to
Activity Planning?



Activity Planning – Standards for Commercial SupportSM

JAC9: The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial SupportSM), 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 healthcare and NOT proprietary interests of a commercial interest.

Ensure that your educational activities and your IPCE program are not influenced by commercial interests



JAC9 = Standards for Commercial SupportSM

STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

STANDARD 1: INDEPENDENCE

STANDARD 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See the Policies Supplementing the Standards for Commercial Support for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

STANDARD 1.2 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

STANDARD 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

STANDARD 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

STANDARD 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

STANDARD 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

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624_20140626 18 ©2012, 2013, 2014

6 Standards

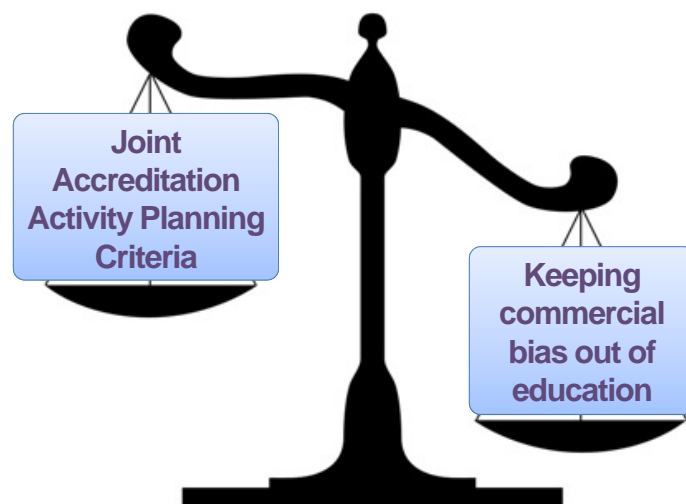
- Standard 1: Independence
- Standard 2: Resolution of Personal Conflicts of Interest
- Standard 3: Appropriate Use of Commercial Support
- Standard 4: Appropriate Management of Associated Commercial Promotion
- Standard 5: Content and Format without Commercial Bias
- Standard 6: Disclosures Relevant to Potential Commercial Bias



What is the most important concept that we need to know with respect to CE and commercial bias?



CE is Independent



JAC9
Standard 1: Independence in Planning

1.1 Planning **decisions** free of the control of commercial interest

1.2 Commercial interest is not joint sponsor

- a) identification of educational **needs**;
- b) determination of educational **objectives**;
- c) Selection and presentation of **content**;
- d) Selection of all persons and organizations that will be in a position to **control the content** of the education;
- e) Selection of **educational methods**;
- f) **Evaluation** of the activity.

JAC9
Standard 1: Independence in Planning

1.1 Planning decisions free of the control of **commercial interest**

1.2 Commercial interest is not joint sponsor

As defined by ACCME...

“...any entity producing, marketing, re-selling, or distributing health care goods or services **consumed by, or used on patients.**”

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.”

JAC9
Standard 2: Identification and Resolution of Conflict of Interest

1. All relevant relationships disclosed
2. Disqualify any individual(s) who refuses to disclose
3. Implement a mechanism to identify and resolve conflicts of interest



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Process

STANDARD 2: Resolution of Personal Conflicts of interest
The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.


1

Joint Accreditation considers financial relationships to create actual conflicts of interest in CE when individuals have both

- A financial relationship with a commercial interest **and**
- The opportunity to affect the content of CE about the products or services of that commercial interest.

How do these circumstances create a conflict of interest?

The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CE – an incentive to insert commercial bias.



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Process

STANDARD 2: Resolution of Personal Conflicts of interest
The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

1

Joint Accreditation considers financial relationships to create actual conflicts of interest in CE when individuals have both


- A financial relationship with a commercial interest **and**
- The opportunity to affect the content of CE about the products or services of that commercial interest.

2

Any amount within the past 12 months


- Royalty
- Intellectual property rights
- Consulting fee
- Payment for promotional talk
- Ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds)
- Other financial benefit

...of person, spouse or partner.




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Who needs to disclose to the provider?



EVERYONE in control of content, for example:

- Planners
- Teachers/Faculty
- Authors
- Reviewers



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Providers' choice of "mechanism(s)"
must involve:

Engagement by the provider in a process that goes beyond disclosure, with necessary **interventions to resolve** conflict of interest implemented **before** the activity.



CASE 1

The IPCE Coordinator from Western Hospital emails all 10 of the speakers for their upcoming Annual Pediatrics Conference. He asks them to respond to him, listing their relationships with "any proprietary entity producing health care goods or services."



Once he has gathered all of their information, he forwards it on to the IPCE Committee Chair to review and determine if any of their mechanisms for resolution of conflict of interest need to be enacted.

Does this meet expectations for identifying and resolving COI?

Why or why not?



JAC 9**Standard 3: Appropriate Use of Commercial Support**

- Decisions & Approval
- **Signed Written Agreements** 
- Written policies & procedures regarding **Honoraria** and **reimbursement** of out-of-pocket expenses of planners/authors...**irrespective of receiving CS*** 
- No payments outside of agreement
- Expenditures for learners
- Accountability

* Some elements of Standard 3 (3.7, 3.8, 3.9, 3.10, 3.11) may apply whether or not the provider receives commercial support.

**CASE 2**

During the week following their Annual IPCE Conference, the staff from Western Hospital is reviewing their documentation for the meeting, which was commercially supported by educational grants from Companies A, B, and C.

- For Companies A and B, the provider has the letter of agreement, which is signed by both the commercial supporter and one of Western Hospital's staff members.
- For Company C, the provider has a copy of the agreement that it completed electronically when it was awarded the grant and the email notification that the agreement was accepted.

Does this meet expectations for the appropriate use of commercial support?

Why or why not?



JAC9

Standard 4: Managing Commercial Promotion

- Exhibit booths
- Commercial Advertising
 - Print
 - Computer-based
 - Audio and video
 - Live, face-to-face
- Education materials: Agent providing CE (distribution)



JAC9

Standard 5: Content and Format without Commercial Bias

- must promote improvements or quality in healthcare
- balanced view of therapeutic options




Content Validation

- ✓ Based on accepted evidence
- ✓ All research presented must conform to the generally accepted standards of experimental design, data collection, and analysis
- ✓ For all recommendation or treatments in CE:
Benefits > Risk/Dangers
- ✓ Supports safe, effective patient care
- ✓ CE cannot advocate for unscientific modalities of diagnosis or therapy



JAC9

Standard 6: Disclosure

-  – Disclose presence or absence of relevant financial relationships for **all in control of content** prior to activity
- Disclose the acceptance of commercial support – including the **nature of in-kind support** – prior to activity
- No use of trade names or product group message in disclosure



CASE 3: Disclosure

At the top of the handout materials for a monthly case-based activity, the provider has included the following information:

“None of the members of the East Coast Medical School’s IPCE Planning Committee have any financial relationships to disclose relating to the content of this activity. In addition, the presenter, Bill Smith, PharmD, has no relevant financial relationships to disclose.”

Does this meet expectations for disclosure to learners of relevant financial relationships?

Why or why not?



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Activity Planning – Part 2

JAC10: *The provider utilizes support strategies to enhance change as an adjunct to its educational interventions (e.g., reminders, patient feedback).*

1. Adjunct (separate from, but in addition to) the educational activity
2. Enhances desired changes



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Activity Planning – Part 2

JAC11: *The provider identifies factors outside the provider's control that impact on patient outcomes.*

1. Only requires identification
2. Factors not in the provider's control; e.g. *patient compliance, insurance coverage, etc.*
3. Impact patient outcomes



Activity Planning – Part 2

JAC12: *The provider implements educational strategies to remove, overcome, or address barriers to change for the healthcare team.*

1. About barriers to change for the **healthcare team**, not *patients* as in JAC11
2. Uses education to overcome barriers to change



Activity Planning – Part 2

JAC13: *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.*

1. Measures changes: skills/strategies, AND/OR performance of the team, AND/OR patient outcomes
2. Analyzes those changes in relationship to the overall program of CE



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Table Talk #4

Discussion questions are in each handout at your table.



What questions do you have
about Joint Accreditation
Criteria 10-13 related to
Activity Planning?



Next Steps

- ✓ Review your IPCE program
- ✓ Review current accreditation (ACCME, ACPE, and/or ANCC) expiration dates, if any
- ✓ Contact current accreditors – Will an extension be required?
- ✓ Contact ACPE to discuss eligibility
- ✓ Submit activity list
- ✓ Submit confirmation of intent to apply for Joint Accreditation
 - *Eligibility decisions made July and November*



THANK YOU!

From the staff at ACCME, ACPE, and ANCC, thank you very much for your interest and willingness to participate in this workshop.

We appreciate your enthusiasm in making interprofessional continuing education for the healthcare team a priority!

