

## Accreditation Crosswalk

	<b>ANCC</b>	<b>ACCME</b>	<b>ACPE</b>	<b>Joint Accreditation</b>
<b>Mission statement and goals</b>	The provider is required to identify quality outcome measures it collects, evaluates and monitors specific to the Provider Unit and to Nursing Professional Development. A written mission statement is not required.	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	<p>The provider has a CPE goal and mission statement that defines the basis and intended outcomes for the majority of educational activities.</p> <p>The CPE mission statement is consistent with the goals, indicates the provider’s short-term intent in conducting CPE activities, includes the intended audience and includes the scope of activities.</p>	The accredited provider has a continuing education (CE) mission statement that highlights education for the healthcare team as part of their purpose, content areas, target audience, type of activities and expected results, with the expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team or in patient outcomes.
<b>Goals and quality outcome measures related to the overall program of CE</b>	The provider is required to identify quality outcome measures it collects, evaluates and monitors specific to the Provider Unit and to Nursing Professional Development.	<p>The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p>	<p>The provider assesses achievement and impact of stated mission and goals.</p> <p>The provider has an evaluation plan that includes collecting data and analyzing it to document achievement of the mission and goals.</p> <p>The provider uses assessment information for continuous development and improvement of the CPE program.</p>	The provider gathers data or information and conducts a program-based analysis on the degree to which the CE mission of the provider has been met through the conduct of CE activities/educational interventions.

<b>Integration of Continuing Education for the Healthcare Team</b>				The provider operates in a manner that integrates CE into the process for improving the professional practice of the healthcare team.
<b>Assessment of learner needs</b>	The provider assesses learner needs (knowledge, skill/competence, practice/performance) that contribute to the professional practice gap and has supporting data to validate the need for the educational activity.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	The provider includes the identification of educational needs as one of the several procedures for developing CPE activities.	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.
<b>Professional practice gap</b>	The provider identifies a professional practice gap for registered nurses that may include but is not limited to a change that has been made to a standard of care, a problem that exists in practice, or an opportunity for improvement.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	Needs assessments employ multiple strategies to identify the specific gaps in knowledge, skills, and/ or practice.	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.
<b>Planning Committee</b>	The Planning Committee must include one nurse prepared at baccalaureate level or higher (Nurse Planner) and one other person; one individual must have content expertise in subject area.		The planning committee (if applicable) should include members of the target audience.	Planners must be representative of the target audience.
<b>Roles of planning committee members</b>	The Nurse Planner is responsible for compliance of the educational activity with ANCC accreditation criteria.		Although not required, if a planning committee is used, it should include members of the targeted audience of the CPE activity.	

<b>Evaluation of conflict of interest</b>	The Nurse Planner is responsible for evaluating presence or absence of conflict of interest for each individual in a position to control content of the educational activity (planner, faculty, presenter, author, content reviewer). Identified conflicts must be resolved.	The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).	The provider has policies and procedures to ensure that the planning, implementation and evaluation of educational activities are done without the influence or control of the commercial interest.	The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support <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.
<b>Purpose of educational activity</b>	The provider identifies the learning outcome(s) participants are expected to achieve as a result of participating in the educational activity.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	The educational activity addresses the identified knowledge, skill and/or practice gaps.	The provider generates activities/educational interventions that are designed to change the skills/strategy, performance of the healthcare team or patient outcomes.
<b>Objectives</b>	Not required.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	The provider develops specific and measurable objectives for each CPE activity.  The objectives are appropriate for the activity-type selected (Knowledge, Application or Practice-based) for what a pharmacist and/or pharmacy	The provider generates activities/educational interventions that are designed to change the skills/strategy, performance of the healthcare team or patient outcomes.

			technician will be able to do at the completion of the activity.	
<b>Applicability of content to learners</b>	Content of the educational activity is congruent with the desired learning outcome(s).	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	The provider structures each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and/or pharmacy technicians.	The provider generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities.
<b>Content of educational activities</b>	Content is based on current and best-available evidence (evidence-based practice, literature/peer review journals, clinical guidelines, best practices, expert opinion)	<ol style="list-style-type: none"> <li>1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.</li> <li>2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.</li> <li>3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing</li> </ol>	The content of the provider's CPE activities is based on evidence as accepted in the literature by the healthcare professions.	The provider generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities.

		<p>medicine that are not within the definition of CME, 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 CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.</p>		
<p><b>Teaching/educational formats</b></p>	<p>The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. The provider must incorporate ways to actively engage learners in the educational activity. Strategies to engage learners may include but are not limited to integrating opportunities for dialogue or question/answer, including time for self-check or reflection; analyzing case studies; and providing opportunities for problem-based learning</p>	<p>The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.</p>	<p>The provider designs and implements learning activities to foster active participation as a component of live and home study CPE instructional approaches using a variety of techniques including pre- and post-testing, quizzes, case studies, simulation exercises, problem-solving, group discussion, etc.</p>	<p>The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p>

<b>Competencies</b>	No requirement	The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].	The provider develops activities aligned with the competencies required of pharmacists and pharmacy technicians as outlined in: <ul style="list-style-type: none"> <li>- The JCPP Future Vision of Pharmacy Practice</li> <li>- The AACP, Center for the Advancement of Pharmaceutical Education</li> <li>- The NAPLEX Competency Statements</li> <li>- The PTCB Exam Content Outline</li> </ul>	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).
<b>Evaluation at the activity level</b>	The provider analyzes changes in learners (knowledge, skill/competence, and/or practice/performance) achieved as a result of participation in the educational activity.	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	The provider and faculty include learning assessments in each CPE activity for participants to assess the content learned.  Learner feedback is consistent with the objectives and activity type.  The provider must have an evaluation process for its CPE activities.	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.
<b>Evaluation at the program level</b>	The provider evaluates its overall program of CE	The provider gathers data or information and conducts a program-based analysis on the	The provider has an evaluation plan that includes collecting data and analyzing it to	The provider gathers data or information and conducts a program-based analysis on the degree to

		degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.	document achievement of the mission and goals.  The provider uses assessment information for continuous development and improvement of the CPE program.	which the CE mission of the provider has been met through the conduct of CE activities/educational Interventions.
<b>Contact hour/credit hour</b>	CNE is awarded based on a 60 minute hour; content may be delivered asynchronously; no minimum required	AMA PRA Category 1 credit requirements	ACPE credit is awarded to three types of CPE activities: 1. Knowledge-based CPE activity: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour. 2 Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The minimum amount of credit for these activities is 60 minutes or one contact hour. 3. Practice-based CPE activity. These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance	Continuing education credit awarded for all activities will meet the specific requirements for medicine (AMA PRA Category 1 credit), nursing, and pharmacy.

			<p>behaviors. The formats of these CPE activities should include a didactic component and a practice experience component. The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.</p>	
<p><b>Verification of participation/successful completion</b></p>	<p>Learners receive documentation of successful completion of the activity.</p>	<p>An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.</p>	<p>As of Jan 1, 2013, all CPE credit will be uploaded into CPE Monitor™. ACPE and the National Association of Boards of Pharmacy (NABP) developed a continuing pharmacy education (CPE) tracking service, CPE Monitor™, that will authenticate and store data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers</p>	<p>Jointly accredited organizations must have a mechanism in place to verify participation of learners.</p>



<p><b>Accreditation statement</b></p>	<p>ANCC accreditation statement must be provided to learners prior to the start of the educational activity and on the certificate of completion</p> <p>“Name of Provider” is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center.</p>	<p>The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.</p> <p>The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate <a href="#">accreditation statement</a>. All printed materials for jointly provided activities must carry the appropriate accreditation statement.</p>	<p>Any reference by an accredited provider to accreditation by the Board in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: “(Name of Provider) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.” The ACPE logo shall also be used in close conjunction with the statement</p>	<p>All education materials, marketing materials, certificates and other documents distributed by the jointly accredited organization that indicate continuing education ‘credit’ will be awarded for completion of the activity must include the accreditation statement that reflects Joint Accreditation.</p> <p>The accreditation statement to be used is:</p> <p>“[Insert name of Joint Accredited Provider] is 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.”</p> <p>When an activity has been planned, implemented and evaluated by two or more organizations and one of the organizations has been jointly accredited, the accreditation statement to be used is:</p> <p>“This activity is planned and implemented by [insert name of Joint Accredited Provider] and [Insert name of other provider]. [Insert name of Joint Accredited Provider] is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the</p>
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				<p>American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.”</p> <p>The accreditation must stand alone from any other statement.</p>
<b>Commercial Support</b>	ANCC Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities	The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support <sup>SM</sup> ).	The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support <sup>SM</sup> ).	<p>The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support<sup>SM</sup>), including the:</p> <ul style="list-style-type: none"> <li>a. Identification, resolution and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity;</li> <li>b. Appropriate management of commercial support (if applicable).</li> <li>c. Maintenance of the separation of promotion from education (if applicable).</li> <li>d. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.</li> </ul>
<b>Independence from commercial influence</b>	Planning, implementation and evaluation of educational activities must be independent from the influence of commercial interest organization.	The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).	The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).	<p>The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support<sup>SM</sup>), including the:</p> <ul style="list-style-type: none"> <li>a. Identification, resolution and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity;</li> <li>b. Appropriate management of commercial</li> </ul>

				<p>support (if applicable).</p> <p>c. Maintenance of the separation of promotion from education (if applicable).</p> <p>d. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.</p>
<b>Required disclosures</b>	<p>The following information must be provided to learners prior to participation in the educational activity:</p> <ul style="list-style-type: none"> <li>• Presence or absence of COI for any individual having the opportunity to influence the content of an educational activity</li> <li>• Requirements for successful completion of the activity</li> <li>• Commercial support, if applicable</li> <li>• Expiration date, enduring materials only</li> <li>• Joint providership, if applicable</li> </ul>	<p>The provider maintains a separation of promotion from education (SCS 4).</p> <p>The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>	<p>The provider maintains a separation of promotion from education (SCS 4).</p> <p>The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>	<p>The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support<sup>SM</sup>), including the:</p> <p>a. Identification, resolution and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity;</p> <p>b. Appropriate management of commercial support (if applicable).</p> <p>c. Maintenance of the separation of promotion from education (if applicable).</p> <p>d. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.</p>
<b>Recordkeeping</b>	Records are kept for 6 years	An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.	The provider shall maintain and assure the availability of records adequate to serve the needs of the learners and others requiring such information for a period of six years. The provider should assure the security of its	<p>The provider maintains and reports required data and information about the continuing education that is delivered during its current term of accreditation.</p> <p>Activity files must be retained by the jointly accredited organization for six years following provision of the educational</p>

		An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.	records by having appropriate backup systems and contingency plans	activity.
<b>Joint Providership</b>	ANCC accredited providers that collaborate with ANCC and/or non-ANCC accredited providers are engaging in joint providership. ANCC expects all educational activities to be in compliance with ANCC accreditation requirements. It is the accredited provider's responsibility to demonstrate to ANCC compliance through written documentation.	<p>The ACCME expects <u>all</u> CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the ACCME accredited provider's responsibility to be able to demonstrate through written documentation this compliance to the ACCME. Materials submitted that demonstrate compliance may be from either the ACCME accredited provider's files or those of the non-accredited provider.</p> <p>The ACCME allows accredited providers and non-accredited organizations (that are not ACCME-defined commercial interests) to collaborate in the planning and implementation of CME activities through joint providership. In joint providership, either the</p>	ACPE accredited providers that collaborate on content development with ACPE and/or non-ACPE accredited providers are engaging in joint providership. ACPE expects all CPE activities to be in compliance with the Accreditation Standards for Continuing Pharmacy Education. It is the accredited provider's responsibility to demonstrate to ACPE compliance through written documentation.	The provider may choose to collaborate with another accredited or non-accredited organization to provide educational activities. The Jointly Accredited Provider is responsible for ensuring that the educational activity is in full compliance with accreditation requirements. The term "Joint Collaboration" will be used to reflect the collaborative relationship between the two organizations (i.e. This educational activity has been a Joint Collaboration between _____ and _____). A Joint Collaboration Agreement is required between the Jointly Accredited Provider and the other accredited or non-accredited organizations. An ACCME-defined commercial interest may not be the collaborating non-accredited organization.

		<p>accredited provider or its non-accredited joint provider can control the identification of CME needs, the determination of educational objectives, the selection and presentation of content, the selection of all persons and organizations that will be in a position to control CME content, the selection of educational methods, and the evaluation of the activity.</p>		
<b>Engagement criteria</b>	Not applicable	<p>Criteria 16-22 are required, in addition to 1-13, if a provider seeks Accreditation with Commendation (6 years).</p>	Not applicable	