

## Joint Accreditation for Continuing Education in Medicine, Pharmacy, and Nursing

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Have you ever wondered what it would be like to be part of an interprofessional collaborative community, that offers accredited educational programs for nursing, pharmacy, and medicine, all via one application and review process? And if it seems sometimes that your organization is caught up in a never-ending, time consuming, and resource-sapping cycle of nursing, pharmacy, and physician education reaccreditations, then joint accreditation may just be the answer for you.

Joint accreditation started in March 2009 when the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the American Nursing Credentialing Center released instructions, criteria, and eligibility information for completing the joint accreditation process. By July 2010, the accreditors decided which organizations would be the first cohort of jointly accredited providers. Since then, the process and criteria have been streamlined and updated based upon the experiences and outcomes of the accreditors and the 14 jointly accredited providers. Today, the three organizations have melded their accreditation standards into one set of universal criteria that is more consistent with [ACCME](#) expectations, and is also more familiar and less intimidating than the initial process.



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[Understanding and Acting On ACCME Criterion 21—the Quality Framework](#)

Joint accreditation is based upon the premise that when organizations are truly vetted in improved healthcare delivery, they manifest a collaborative, team-based approach to continuing medical education that is multidisciplinary—designed with several professions in mind. This model of interprofessional collaborative practice (or IPCP, as it has been coined) calls upon organizations to design, implement, and evaluate activities that are [“planned by the healthcare team for the healthcare team.”](#)

Here are the joint accreditation eligibility requirements:

- Your program and processes for the healthcare team must have been functional for 18 months.
- At least 25 percent of the total program must be dedicated to the multidisciplinary team
- You are engaged in the joint accreditation process and can demonstrate compliance with the requirements.

If you are currently accredited, you must comply with the [accreditation policies mandated by the ACCME, ACPE, or ANCC](#).

The eligibility requirements above and at [www.jointaccreditation.org](http://www.jointaccreditation.org) are clearly stated, but could seem overwhelming. If you are an accredited CME provider, compare what you are already doing to the expectations of the joint accreditation. You may already be more prepared than you think. The following table illustrates most of the major requirements of the ACCME and joint accreditation.

ACCME Criteria	Joint Accreditation *	*Due to
C1 Mission	Add: <i>performance of the healthcare team</i>	
C11 Evaluation	Same: Included with mission as part of overall program improvement	
C2 Professional Practice Gaps	Same	
C3 Activity designed to change skills/strategies/strategies or performance	Same: Add <i>performance of the healthcare team</i>	
C4 (this criterion no longer exists)	Same (This criterion currently still exists)	
C5 Format that aligns with settings, objectives and desired results	Same	
C6 Desirable physician attributes	Same	
C7 Standards for Commercial Support	Same	
C 8/9 Separation of Promotion and Independence from Commercial Interests	Same	
C10 Validity of Content	Same	
C12 Evaluation	Same	
C13 Program Improvements	Same	
C17 Ancillary Tools	Same	
C18 Factors outside provider's control	Same	
C19 Strategies to overcome barriers	Same	
Credit issued in 60-minute increments	Same	
File Retention (6 years)	Same	

*space limitations, not all requirements are listed here. Please refer to Joint Accreditation Criteria, revised July 2013; effective October 1, 2013.*



Fundamentally, the criteria for both ACCME and Joint Accreditation are nearly identical and may fit extremely well with your existing policies and procedures. However, the real work of laying the Joint Accreditation framework starts, like any successful continuing education program, long before the self-study begins. Here are the critical first steps:

- Create a task force from your governing committee to do a feasibility study. It also should compare the costs associated with a single application versus the three programs' annual fees, reaccreditation fees, and time and resources. (See sidebar for cost comparison.)
- Enlist champions from each of the three disciplines who will provide leadership and support throughout your organization.
- Create a specific Web site, mission, vision, brand, and logo for the program.
- Do not underestimate the need to market your joint program whenever and wherever possible. Reach out at executive and management-level meetings to advertise your presence, your contribution, and the value of the joint accreditation to your organization.
- Devote a year to preparing to become a jointly accredited provider. (See sidebar for joint accreditation cycles.)
- Create a promotional video that explains your program and how it is supported by leadership.
- Cross-train staff so that everyone can respond to queries, work on documents, and deal with logistics, regardless of the discipline.
- Create an education committee that draws from each of the three disciplines and includes representatives from the quality improvement committee, ethics, IT, and, if your organization is an institution, library services. Select outside advisors representing these disciplines if you work for a private education firm.
- Establish a chairperson with an annual term. Alternate between nursing, pharmacy, and medicine.
- Create one planning tool that is used across all disciplines.
- Create an expedited application-approval route for a single discipline and a committee-approval process for applications that are multidisciplinary.
- Create a [tri-discipline policy and procedure manual](#) for the jointly accredited program (Link goes to PDF).

Joint accreditation may represent a clear advantage to continuing education providers. It not only provides a consistent approach across disciplines, but it may represent financial, time, and resource savings, as well. It also places your organization at the cutting edge of providing education that is planned in a truly collaborative environment: *by the team for the team.*

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### Sidebar 1: Comparative Fee Schedules

Accreditor	Initial Application Fees	Reaccreditation	Annual
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<b>ACCME</b>	Pre-application: \$1,200 Initial application fee: \$8,000	\$0	\$5,300
<b>ANCC</b>	Education organizations: \$6,500 College/university: \$4,800 Hospital: \$4,300-\$6,500	\$9,500 \$6,750 \$6,000-9,500	\$490 per unit
<b>ACPE</b>	\$6,400	\$0	\$2,150-8,650
<b>JOINT ACCREDITATION</b>	Eligibility review: \$1,500 Initial application: \$22,000	\$4,500	\$14,500

**Sidebar 2: Joint Accreditation Cycles for New Applicants**

Milestone	Cycle 1	Cycle 2
<b>Determination of eligibility—provider submits:</b> <ul style="list-style-type: none"> <li>• Intent to apply</li> <li>• Eligibility review fee</li> </ul>	June 1	October 1
<b>Provider informed of eligibility decision</b>	July 1	November 1
<b>Provider deadline to submit:</b> <ul style="list-style-type: none"> <li>• Activity list of educational activities</li> <li>• Application fee</li> </ul>	September 1	January 1
<b>Provider informed which activity files will be reviewed</b>	October 15	February 1
<b>Provider contacted to establish interview date</b>	January / February	April / May
<b>Provider deadline to submit:</b> <ul style="list-style-type: none"> <li>• Joint self-study report</li> <li>• Activity files</li> </ul>	March 1	July 1
<b>Interview</b>	April / May	August / September
<b>Joint Accreditation Review Committee meets</b>	June	October
<b>Provider notified of decision (no later than)</b>	July 31	November 30

Content Classification: Influencer

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