

Joint Accreditation Commendation Criteria – Go For It and Achieve Success!

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This article reviews the Menu of Criteria for Joint Accreditation with Commendation (JAC 13-25) and provides recommendations for meeting each criterion.

In December 2019, Joint Accreditation for Interprofessional Continuing Education™ updated the document, *“Joint Accreditation Framework: Advancing Healthcare Education by the Team for the Team,”* highlighting revisions resulting from provider and survey team feedback. The revisions include the following:

- Updated and expanded history section
- Updated Term of Accreditation and Joint Accreditation Process sections
- Links to appropriate pages on the Joint Accreditation™ website for current information on fees and policies
- Modified Joint Accreditation Criteria 1-12
- **Menu of Criteria for Joint Accreditation with Commendation**

While each of these revisions are important, the debut of the Menu of Criteria for Joint Accreditation with Commendation (JAC 13-25) is significant. Joint Accreditation™ now offers organizations, seeking accreditation or those currently accredited, to seek Joint Accreditation with Commendation status. You now have the option to seek Joint Accreditation with Commendation if you have received Joint Accreditation™ status or are applying for initial accreditation and have been previously accredited by ACCME, ACPE or ANCC.

Organizations can choose to seek Joint Accreditation with Commendation in hopes of earning this achievement and a longer accreditation status period. Accredited providers may perceive seeking Joint Accreditation with Commendation status as a challenge given time, staff and other constraints. Given that there are no negative ramifications for seeking but not achieving Joint Accreditation with Commendation status, why not shoot for the moon and try to earn Joint Accreditation with Commendation!

Benefits of Joint Accreditation with Commendation Status

- Demonstrates the accredited provider goes beyond the core criterion, JAC 1-12 in managing its overall IPCE/CE program and in the activity planning and development process.
- Results in a six-year term while Joint Accreditation status results in a four-year term.
- Increases the accredited providers influence and impact in the IPCE/CE landscape.
- Allows the provider to apply its costs (accreditation renewal fees, annual fees, staff time, operational expenses, etc.) to a larger activity count over the extended status term. This results in lower cost to learners and/or joint providers which may be a strategic goal included in the provider's overall mission statement.
- Allows the provider to focus on the overall IPCE/CE program management and activity development for an additional 2 years before the next re-accreditation cycle begins.
- Reduces reaccreditation fatigue experienced by the Continuing Education/Continuing Professional Development staff members.

Requirements to Seek Joint Accreditation with Commendation Status

- Currently holds Joint Accreditation™ status OR,
- Seeking initial status but have been previously accredited by at least one or more of the following: ACCME, ACPE or ANCC.
- Must demonstrate compliance with the core requirements of Joint Accreditation™, JAC 1-12, and the Administrative Responsibilities.
- Must demonstrate compliance with 7 of the 13 commendation criteria with at least 10% of total activities; some of the 10% activities must be IPCE activities.
- In the case with commendation criteria that are organizational or project-based, the number of projects to which the provider must demonstrate compliance has been defined (S, M, L, XL).

Transitional Period

Providers receiving accreditation decisions through 2020 are eligible to receive a six-year accreditation status *if* compliance with the original JAC 1-13 has been demonstrated.

Joint Accreditation Commendation Criteria with CloudCME® Recommendations for Compliance

JAC	Commendation Criteria	Critical Elements	CloudCME® Compliance Recommendations	The Standard
JAC 13	The provider engages patients as planners and teachers in accredited IPCE and/or CE.	<ul style="list-style-type: none"> <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. 	Include one or more patients to serve on the activity planning committee and serve as activity faculty/presenters.	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two for small providers) during the accreditation term.</p> <p>At review, submit evidence for this many activities:*</p> <p>S: 2; M: 4; L: 6; XL: 8</p>
JAC 14	The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE.	<ul style="list-style-type: none"> <input type="checkbox"/> Includes planners who are student of the health professions AND <input type="checkbox"/> Includes teachers who are students of the health professions. 	Include one or more students to serve on the activity planning committee and to serve as activity faculty/presenters.	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this many activities:*</p> <p>S: 2; M: 4; L: 6; XL: 8</p>
JAC 15	The provider supports the continuous professional development of its own education team.	<ul style="list-style-type: none"> <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 	<p>Conduct a needs assessment of the professional development for the continuing education department members and create an educational plan for each that may include:</p> <ol style="list-style-type: none"> 1. Attend and participate in the Joint Accreditation™ Provider Update Webinars provided by Joint Accreditation™; 2. Attend the annual Joint Accreditation Leadership Summit; 	At review, submit description showing that the plan has been implemented for the IPCE team during the accreditation term.

		<input type="checkbox"/> Dedicates time and resources for the IPCE team to engage in the plan.	<p>3. Attend accrediting bodies' annual conferences and webinars;</p> <p>4. Obtain and maintain the CHCP credential through the Alliance for Continuing Education in the Health Professions;</p> <p>5. Read relevant professional articles such as the Journal of Continuing Education in the Health Professions (JCEHP);</p> <p>4. Participate in or present in Team Lunch & Learns;</p> <p>5. Complete collegiate courses in education, education development or adult learning, etc.</p>	
JAC 16	The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication.	<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.	<p>Publish or present IPCE/CE research findings to or in a peer-reviewed environment:</p> <p>1. Present at professional conferences (ACEHP, ACCME, ANCC, ACPE, SACME, etc.);</p> <p>2. Submit/publish articles in professional journals (JCEHP, JMR, etc.); etc.</p>	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.	<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.	<p>Accredited providers may:</p> <p>1. Develop health informatics activities and/or QI and the safety of care activities that incorporates the collection, analysis, or synthesis of health/practice data and includes potential sources of data to teach learners about health informatics;</p>	<p>Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:*</p> <p>S: 2; M: 4; L: 6; XL: 8</p>

			2. Incorporate into activity content health and practice data from accepted sources.	
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.	<input type="checkbox"/> Teaches strategies that learners can use to achieve improvements in population health.	<p>Accredited providers may:</p> <ol style="list-style-type: none"> 1. Include in activity content non-clinical care factors that impact the health of populations such as economic, social environment, language, health behaviors, etc. with methods to address and overcome these factors; 2. Consider, when possible, providing learners with a tool(s) to help address and overcome these factors to facilitate quicker adoption and health improvements, etc. 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this many activities:*</p> <p>S: 2; M: 4; L: 6; XL: 8</p>
JAC 19	The provider collaborates with other organizations to address 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.	<p>Providers may increase the reach and positive impact of their educational initiatives to address population health issues through content relevant collaborations with other healthcare facilities such as:</p> <ol style="list-style-type: none"> 1. Medical societies; 2. Medical boards; 3. Medical facilities; 4. Local or state boards of health; 5. Insurance companies; 6. Patient support groups/organizations; etc. <p>to develop activities or multi-education initiatives to address population health problems.</p>	<p>Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.</p>
JAC 20	The provider designs accredited IPCE and/or CE (that includes direct	<input type="checkbox"/> Provides IPCE/CE to improve communication skills; AND	<p>Providers develop activities that improve communication skills with patients, families, co-workers.</p>	<p>At review, submit evidence for this many activities:*</p>

	observation and formative feedback) to optimize communication skills of learners.	<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.	<p>Communication skills may include: presentation, leadership, teaching, organizational, medical terms in other languages, etc.</p> <p>Activities should incorporate active learning techniques where observation and feedback can be provided to learners for optimal communication improvement.</p>	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.	<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.	<p>Consider activities that may include:</p> <ol style="list-style-type: none"> 1. Simulations; 2. Preceptorships; 3. Gaming; 4. Learning labs; 5. Case-based learning; 6. Group teaching (Jigsaw); 7. Panel discussions; 8. Audience response systems; etc. <p>so that observation and feedback are provided to the learner.</p> <p>Content that engages learners in active learning results in longer retention rates and sustained changes in practice/behavior!</p>	<p>At review, submit evidence for this many activities:*</p> <p>S: 2; M: 4; L: 6; XL: 8</p>
JAC 22	The provider creates and facilitates the implementation of individualized learning plans.	<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	<p>Providers may:</p> <ol style="list-style-type: none"> 1. Identify team(s) or learners(s) for individualized learning plans; 2. Work with managers and learners to identify knowledge, skills or performance gaps of the learners; 	<p>At review, submit evidence of repeated engagement and feedback for this many learners or teams:*</p> <p>S: 25 learners or 5 teams M: 75 learners or 10 teams L: 125 learners or 15 teams XL: 200 learners or 20 teams</p>

			<ol style="list-style-type: none"> 3. Create individualized learning plans or develop parameters for learners to create their own individualized learning plans; 4. Create educational activity curriculums per learner; 5. Track learners' curriculum completion; 6. Assess if learning goals were achieved; 7. Provide feedback to learners <p>Initiatives that meet this criterion may be very appropriate to meet JAC 16!</p>	
JAC 23	The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.	<ul style="list-style-type: none"> <input type="checkbox"/> Measures performance changes of teams; AND <input type="checkbox"/> Demonstrates improvements in the performance of teams. 	<p>Providers may consider:</p> <ol style="list-style-type: none"> 1. Identify the team and team performance measures for improvement; 2. Develop current baseline metrics of the team's performance measures that you intend to change; 3. Develop educational initiative(s) to improve team performance centered on the performance measures; 4. Record changes to the team's performance metrics; 5. Identify other observational impacts and areas for continued improvement. <p>Has the team's performance metrics improved, declined or remained the same? Did changes to the team's performance result in</p>	Demonstrate that in at least 10% of activities the performance of the healthcare team improved.

			<p>new issues that need to be addressed?</p> <p>Initiatives that meet this criterion may be very appropriate to meet JAC 16!</p>	
JAC 24	<p>The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborates in the process of healthcare quality improvement; AND <input type="checkbox"/> Demonstrates improvement in healthcare quality. 	<p>Providers may consider:</p> <ol style="list-style-type: none"> 1. Participating in QI/QA department meetings or other internal organizational meetings to learn quality improvement initiatives or system process improvements; 2. Collaborate with internal stakeholders to develop initiatives and to address these needs; 3. Develop accredited activities to educate or facilitate process improvements. <p>Have the quality improvement metrics been positively improved, declined or remained the same? Where processes changed and sustained over a long period of time? Did changes result in new issues that need to be addressed?</p> <p>Initiatives that meet this criterion may be very appropriate to meet JAC 16!</p>	<p>Demonstrate healthcare quality improvement related to the IPCE program at least twice during the accreditation term.</p>
JAC 25	<p>The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborates in the process of improving patient or community health; AND <input type="checkbox"/> Demonstrates improvement in patient or community outcomes. 	<p>This criterion lends to the incorporation of JAC 19 and/or JAC 13 and others depending on your planning process. Because this complex criterion is to improve</p>	<p>Demonstrate improvement in patient or community health in areas related to the IPCE program at least twice during the accreditation term.</p>

			<p>patient outcomes or community health, collaboration with patients (JAC 13) or other organizations (JAC 19) will be key to the planning process. Consider beginning with these steps:</p> <ol style="list-style-type: none">1. Identifying the health issues of patients or community to address;2. Obtain the baseline metrics;3. Determine the planning committee comprised of the team (IPCE/CE), internal stakeholders (QI/QA), leadership; patient representatives; etc.4. Determine the intended outcome metrics for determining successful patient or community health improvements will be (i.e. x% reduction of surgical site infections, x% of hospital readmissions, lower state ranking on insurance company national survey on prescription drug abuse, etc.);5. Determine the time period of and method for measuring the resulting metrics;6. Determine the educational activities and other initiatives needed to achieve the intended outcome metrics for success;7. Develop the educational activities and other interventions;8. Incorporate or create easy tool(s) for facilitating behavioral	
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			<p>change. If you find tool(s) online, make sure it is free to use (no cost) and it is not copyrighted.</p> <p>9. Evaluate the effectiveness of the initiative to include other considerations, observations, additional issues derived, improvements, etc.</p> <p>Initiatives that meet this criterion may be very appropriate to meet JAC 16!</p>	
* Program Size by Activities per Term: S: <39; M: 40-100; L: 101-250; XL: >250				

Source of information for columns JAC, Commendation Criteria, Critical Elements and The Standard columns:

https://www.jointaccreditation.org/sites/default/files/815_20190611_JAC_Modifications_Commendation_Menu_Info_PDF_0.pdf.

If your Continuing Education/Continuing Professional Development department feels overwhelmed or far from achieving these commendation criteria, do not worry. These are meant to be long term goals that are built upon rigorous, best practices of educational design and are not meant to be achieved overnight. With the team, decide which seven commendation criteria to target for adoption - team buy in and investment is important. Begin by identifying a few upcoming activities to include one or more of the criteria. In no time at all, you will begin to achieve the required number of activities for the criteria for your organization size quicker than you think and the payoff will be very rewarding!

To learn more about Joint Accreditation with Commendation status eligibility, please [click here](#).

To learn more about Joint Accreditation Commendation Criteria expectations, please [click here](#).

CloudCME® supports the criteria for Joint Accreditation with Commendation.

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