

Joint Accreditation Framework December 2019 Revisions – The Time to Prepare is Now!

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Criteria Modifications

In December 2019, Joint Accreditation for Interprofessional Continuing Education™ (JA) updated its document, *“Joint Accreditation Framework: Advancing Healthcare Education by the Team for the Team”* highlighting revisions resulting from feedback from survey team and providers. 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, two stand out in significance to Joint Accredited providers: Modified Joint Accreditation Criteria 1-12 (JAC), the core requirements, and the Menu of Criteria for Joint Accreditation with Commendation (JAC 13-25).

This article reviews the Modified Joint Accreditation Criteria 1-12 which were simplified and streamlined.

Modified Joint Accreditation Criteria 1-12

- Effective June 1, 2020!
- Applicable to accredited providers receiving an accreditation decision on or after July 31, 2021.

The table below indicates the modified Joint Accreditation Criteria, at-a-glance, with significant text changes indicated in red font.

JA Criteria Section	JA Criteria	Minor or No Wording Modifications	Significant Requirement Modifications	Revised Criteria
Mission and Overall Program Improvement				
	JAC 1	X		
	JAC 2		X	The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission--- as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes ---has been met through the conduct of CE activities/educational interventions.
	JAC 3	X		
Activity Planning and Evaluation				
	JAC 4	X		
	JAC 5	X		
	JAC 6		X	The provider generates activities/educational interventions around valid content that meets the expectations set by Joint Accreditation.
	JAC 7		X	The provider designs education that promotes active learning – so that teams learn from, with, and about each other consistent with the desired results of the activity.
	JAC 8	X		
	JAC 9		X	The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback). NOTE: Formerly JAC 10.

	JAC 10		X	The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team. NOTE: Formerly JAC 12.
	JAC 11		X	NOTE: Former JAC 11 has been removed from the core criteria and moved to the <i>Menu of Criteria for Joint Accreditation with Commendation</i> . Former JAC 11 was “Identified factors outside the provider’s control that impact on patient outcomes.”
Independence				
	JAC 12		X	JAC 12a – Identification and resolution of conflicts of interest, and disclosure of the presence or absence of relevant financial relationships of all individuals who control the content of the continuing education activity; NOTE: Formerly JAC 9a-9d.

Review of JACs with Significant Modifications

Current JAC 2. (A provider) Gathers data or information and conducts a program-based analysis of the degree to which its CE mission is met through the conduct of CE activities/educational interventions.

Modified JAC 2. The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission---as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes ---has been met through the conduct of CE activities/educational interventions.

Action needed

- Providers should revise their mission statement to include a section with statements/goals that address how its overall IPCE program is expected to impact the change in the healthcare team’s skills/strategy/performance or patient outcomes.

Analysis

- The current criteria requires evaluation of how the provider's mission statement is met through the educational activities that are planned, implemented and offered to learners.
- The modified criteria places emphasis on quantifying/gathering data and analysis on how its overall IPCE/CE program directly impacts changes in learners' skills/strategy/performance or patient outcomes.
 - This shifts the requirement from a predominantly subjective analysis towards concrete, identifiable behavioral changes implemented by learners and/or a direct change in patient outcomes.
 - Increases the importance of learners' commitment to change responses and follow-up survey responses that include if learners' indicated changes willing to make, if the changes were sustained, and insights on the impact as a result of the changes made.
 - Potentially increases the need for a partnership with the Quality Improvement/Risk Management departments to measure if and to what degree changes implemented have impacted patient outcomes.
- Demonstrates clear, measureable changes in learners' behavior (skills/strategy/performance) or patient outcomes demonstrates the value of the Continuing Education/Professional Development department and demonstrates leadership in making meaningful changes within your institutions that improve patient outcomes.

Current JAC 6. (A provider) Generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities.

Modified JAC 6. The provider generates activities/educational interventions around valid content that meets the expectations set by Joint Accreditation.

Action needed

- Providers must adhere to and demonstrate compliance with the Validate Clinical Content standards required by Joint Accreditation™.

Analysis

- Content is no longer developed based on, and centric to, the scope of or potential scope of the healthcare team's professional activities.
- Content must be based on the Validate Clinical Content standards of Joint Accreditation™ which follow:
 - “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.” Source: <https://www.jointaccreditation.org/ce-planning-implementation>

Current JAC 7. (A provider) Chooses educational formats for activities/interventions appropriate for the setting, objectives, and desired results of the activity.

Modified JAC 7. The provider designs education that promotes active learning – so that teams learn from, with, and about each other consistent with the desired results of the activity.

Action needed

- Providers should incorporate active learning techniques into its activities when possible.

Analysis

- This is a very exciting and important criteria change. Research on education and learner retention rates have long demonstrated that active learning participation by learners increases the likelihood of learners implementing changes to their behavior, increases knowledge retention rates and sustains behavioral change long term. It is critical to incorporate active learning techniques to increase the likelihood that learners will implement behavioral changes in light of JAC 1 and 2.
- Instead of passive learning methods, one or more active learning methods should be incorporated into the activity.
- A quick Google search on active learning techniques results in many resources!

Former JAC 10. (A provider) Utilizes support strategies to enhance change as an adjunct to its educational interventions (e.g. reminders, patient feedback).

Modified JAC 9. The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback). **NOTE:** This was formerly JAC 10.

Action needed

- Providers must utilize support strategies or provide resources to assist with learner in making change to their practice.

Analysis

- The modified criterion not only requires that providers implement strategies to sustain long-term learner change but also implies that providers will need to employ a method to measure that learners' have sustained a change long-term.
- Consider evaluations that include commitment to change questions and follow-up survey as discussed in the analysis section of JAC 2 above.

- Consider using tools that are fair use (not copyrighted) and free (no cost) to use as an adjunct to activities, whenever possible, to facilitate ease of learner change and timeliness.

Former JAC 12. (A provider) Implements educational strategies to remove, overcome, or address barriers to change for the healthcare team.

Modified JAC 10. The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team. **NOTE:** This was formerly JAC 12.

Action needed

- Providers and planning committees must change from identifying and addressing barriers that impede change by the healthcare team to now identifying barriers to change in **skills/strategy or performance** of the healthcare team.

Analysis

- This modification removes the general, more subjective “change” by the healthcare team and provides consistency with the overall focus on skills/strategy or performance of the healthcare team.
- Identification and addressing barriers that impede changes to skills/strategy or performance increases the likelihood of learners adopting and sustaining change long term.

Former JAC 9a. Identification, resolution, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.

Modified JAC 12a. – Identification and resolution of conflicts of interest, and disclosure of the presence or absence of relevant financial relationships of all individuals who control the content of the continuing education activity.

Action needed

- Providers must resolve conflicts of interest and disclose whether there is the presence or absence of relevant financial relationships declared by **all** individuals who control the content of the activity.

Analysis

- This criterion modification places a greater emphasis on resolving conflicts of interest.
- It is not sufficient to disclose to potential learners declared financial relationships. Providers **must also declare** absence of relevant financial relationships to potential learners.

Alert!

Current Criteria 9a. has the most non-compliant findings amongst Joint Accreditation providers.

Remember **ALL** individuals in a position to control content must disclose their financial relationships! This includes activity planners.

Summary

While the Joint Accreditation™ modifications appear minor on the surface, the modifications signify an increased emphasis on changes of skills/strategy or performance of the healthcare team and/or patient outcomes. IPCE/CE activities are required to incorporate active learning strategies to increase learners' likelihood of making a change in their behavior to improve patient outcomes. Barriers must be addressed or resolved and strategies must be incorporated to assist learners in making a change.

Commitment to change is cited as one mechanism for achieving some of these goals. Providers that demonstrate compliance with these criteria will be able to align their CE department more closely with positive patient outcomes. CloudCME® provides some of the key tools you will need to achieve these goals.

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