

BRIEF REPORT



## Leading Change Together: Supporting Collaborative Practice through Joint Accreditation for Interprofessional Continuing Education

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### ABSTRACT

Interprofessional continuing education in support of team-based care is a critical component of healthcare quality and safety. In an effort to develop and advance the field of interprofessional continuing education (IPCE), the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) collaborated to launch Joint Accreditation for Interprofessional Continuing Education™, the first and only accrediting body in the world to offer the opportunity to be simultaneously accredited to provide CE activities for multiple healthcare professions through a single, unified application process, fee structure, and set of accreditation standards. To date, seven additional professions have joined Joint Accreditation: athletic trainers, dentists, dietitians, optometrists, physician associates/physician assistants (PAs), psychologists, and social workers. With this expansion, jointly accredited organisations can choose to offer IPCE for up to ten professions without needing to attain separate accreditations. Jointly accredited providers are able to offer education that is designed for single professions, multiple professions, and interprofessional teams, as long as 25% of the education is interprofessional. This innovation facilitates and incentivises IPCE which leads to improved healthcare delivery and better patient outcomes. To effectively integrate interprofessional collaborative practice throughout healthcare systems across the world, IPCE needs to become an integral part of lifelong learning for all health professions. There are several jointly accredited organisations that operate outside of the USA, and interest in Joint Accreditation and IPCE continues to grow.

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### Introduction

Rarely has there been a time in recent history when the value of healthcare teams became so apparent and when the principles of interprofessional collaborative practice were so severely tested. As the healthcare system struggled to respond to the COVID-19 pandemic, long-standing teams were divided and redeployed, and new teams were rapidly created. Through this time of unprecedented challenge and change, continuing education (CE) providers adapted nimbly, redesigning learning environments and delivering urgently needed education and support to teams and clinicians across the health professions. In support of that team-based care and urgent learning needs, jointly accredited continuing education providers rose to the occasion and offered education addressing topics related to COVID-19, resulting in more than 1.8 million learner interactions[1].

The pandemic further illuminated a concept that health leadership organisations have been emphasising for decades: interprofessional continuing education in support of healthcare team-based care is a critical component of healthcare quality and safety[2]. In an effort to develop and advance the field of interprofessional continuing education (IPCE), our organisations – the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) – collaborated to launch Joint Accreditation for Interprofessional Continuing Education™, the first and only accrediting body in the world to offer the opportunity to be simultaneously accredited to provide CE activities for multiple healthcare professions through a single, unified application process, fee structure, and set of

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accreditation standards. Since its inception in 2010, Joint Accreditation for Interprofessional Continuing Education established the standards for IPCE and launched an IPCE credit that designates activities planned by the healthcare team, for the healthcare team.

In setting out to realise our vision for Joint Accreditation, we established mutual goals of decreasing the documentation burden for the CE provider community, improving alignment between accreditation criteria requirements, ensuring independence in CE, and developing a strategy to embed team-based education into organisations. Eventually, we developed Joint Accreditation programme criteria, successfully piloted the programme with a small group of organisations, solicited feedback, and revised the criteria based on stakeholder input[3].

Today, the community of jointly accredited education providers continues to flourish (Figure 1). As accrediting bodies, we continue to monitor the evolving healthcare environment and engage in discussions with the community of jointly accredited organisations and other stakeholders to identify opportunities and challenges for IPCE. As the community of jointly accredited organisations gained expertise in designing and delivering IPCE, educators realised they could improve the effectiveness and reach of activities by including professions beyond medicine, nursing, and pharmacy. Building on the established model for Joint Accreditation, we created a process for inclusion of other professions and engaged in dialogue with accreditor colleagues to explore the opportunity for them to join. To date, seven additional professions have joined Joint Accreditation: athletic trainers, dentists, dieticians, optometrists, physician associates/

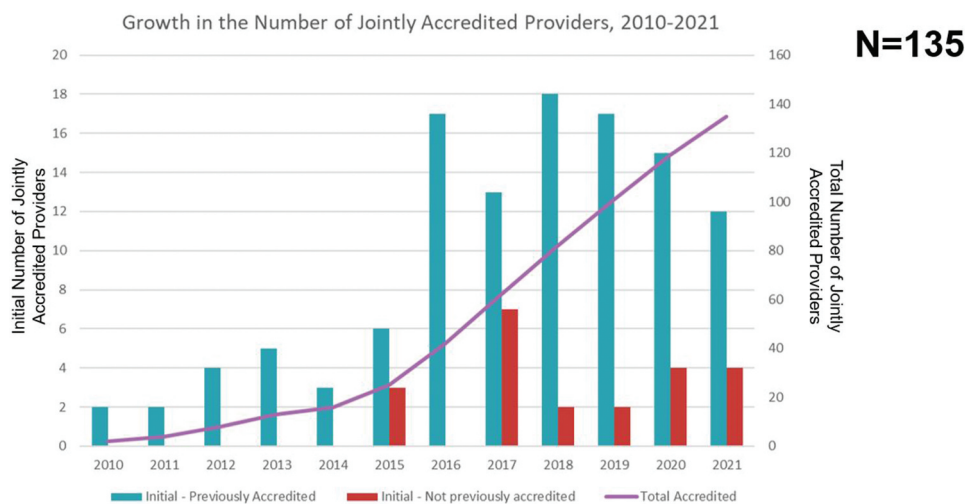


Figure 1. Insert Graphical Abstract 1.

**Table 1.** Collaborating accreditors: Joint accreditation for interprofessional continuing education

Accreditation Council for Continuing Medical Education (ACCME): Co-founder
Accreditation Council for Pharmacy Education (ACPE): Co-founder
American Nurses Credentialing Center (ANCC): Co-founder
American Academy of Physician Associates (AAPA)
American Dental Association's Continuing Education Recognition Program (ADA/CERP)
American Psychological Association (APA)
Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
Association of Social Work Boards (ASWB)
Board of Certification for the Athletic Trainer (BOC)
Commission on Dietetic Registration (CDR)

**Table 2.** Expansion of IPCE community to date

10 professions represented
130+ accredited organisations
58,000+ educational activities each year
23 million interactions with healthcare professionals each year

Source: 2021 ACCME Data Report.

physician assistants (PAs), psychologists, and social workers (Table 1)[4]. With this expansion, jointly accredited organisations can choose to offer IPCE for up to ten professions without needing to attain separate accreditations (Table 2). Jointly accredited providers are able to offer education that is designed for single professions, multiple professions, and interprofessional teams. This innovation facilitates and incentivises IPCE that leads to improved healthcare delivery and better patient outcomes. Plus, jointly accredited providers gain an opportunity to learn from a successful model of interprofessional collaborative practice. Organisations applying to Joint Accreditation must demonstrate that at least 25% of their activities are IPCE activities. Once organisations become jointly accredited, many find that this percentage of IPCE activities offered increases over time.

Now, more than ever, healthcare teams are called upon to deliver optimal care in an uncertain, complex, and challenging environment. Jointly accredited organisations can bring more professions together to learn from, about, and with each other, with the common goal of building strong, inclusive teams that can better meet the needs of the patients and communities they serve. Three of Joint Accreditation's accreditor colleagues share their experiences and lessons learned in delivering IPCE: the American Academy of Physician Associates (AAPA), the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE), and the Board of Certification for the Athletic Trainer (BOC).

### **American Academy of Physician Associates (AAPA)**

The opportunity to join Joint Accreditation presented a compelling and varied value proposition for the AAPA, AAPA CE providers, and the physician associate/physician assistant (PA) profession. AAPA is the only accreditor for the AAPA CME credit system and employs an activity level application process to prospectively review and approve individual CME activities for AAPA CME credit in accordance with AAPA's CME criteria. As the PA profession has grown in both numbers and impact on the healthcare system, CE providers have increasingly included PAs in their target audience. Historically, two factors have deterred CE providers from pursuing AAPA CME credit: AAPA's required activity level application process and the fact that other physician CME credit types satisfy PA certification maintenance and licence renewal requirements. This reality was particularly apparent for ACCME-accredited hospitals and health systems that

have neither the resources nor motivation to engage in a duplicative application process for PAs.

While the value proposition associated with joining Joint Accreditation and supporting IPCE was compelling, the prospect of joining Joint Accreditation presented some additional challenges and opportunities. AAPA recognised the need to conduct a gap analysis between AAPA's existing CME criteria and the Joint Accreditation criteria. This process prompted a series of valuable conversations between accreditation staff and AAPA volunteer leaders that resulted in a series of updates to the AAPA CME criteria[5]. An unanticipated outcome of this exercise was a stronger foundation for AAPA accreditation by way of establishing a shared understanding of the justification, intent, and purpose of each criterion between AAPA staff and PA volunteer leaders. Another ongoing challenge resulted from the lack of a programme-level accreditation pathway and associated volunteer opportunities. The PA profession's limited experience with processes associated with programme level accreditation highlighted the need to further develop PA volunteers so that they can effectively contribute to Joint Accreditation's processes. Ultimately, both the process and outcomes associated with joining Joint Accreditation have provided considerable value to AAPA and the PA community.

As a programme-level accreditation alternative for potential AAPA CME providers, Joint Accreditation offered the opportunity to significantly increase the number of providers and activities offering AAPA CME credit without the burden of additional resource requirements on the provider. Existing jointly accredited organisations would also be afforded the opportunity to include PAs more deliberately in their target audience. Overall increased availability of AAPA CME credit would elevate AAPA's brand awareness and more appropriately recognise PA participation by awarding credit consistent with PAs' professional identity. Inclusion in Joint Accreditation would also create more opportunities for PAs to participate in the planning and delivery of CE activities for the team, further elevating the understanding and recognition of PA contributions to healthcare.

### **Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)**

The Council on Optometric Practitioner Education (COPE®), the only nationally recognised accreditation system for optometric CE, was established by the Association of Regulatory Boards of Optometry

(ARBO) as an accreditation service for ARBO's member licencing boards to ensure both consistency and quality of the optometric CE required for licence renewal. In an ongoing effort to meet the highest standards for independent, valid CE, COPE joined Joint Accreditation in 2018 to introduce optometry in IPCE and promote team-based healthcare initiatives within the optometry field. The field of optometry originated with an emphasis on glasses, contact lenses, and vision training. Since then, significant advancements have been made, and optometry has expanded to incorporate extensive medical training to diagnose the ocular manifestations of diseases, such as diabetes, hypertension, glaucoma, and macular degeneration. Although optometrists manage these conditions using an interprofessional team-based approach, there were still members of both the general public and overall healthcare education community that were not aware of these advancements until COPE joined Joint Accreditation.

The value of IPCE for optometrists through Joint Accreditation includes:

- Improved communication, learning with other professionals, and building competencies necessary for collaboration for the overall good of public health.
- Advancing healthcare education quality and integrity.
- Gaining visibility and credibility among healthcare CE providers as well as reaching more healthcare professionals.
- Achieving distinction among leaders in healthcare CE accreditation.
- Expanding CE offerings nationally and internationally.

Since joining Joint Accreditation, COPE has experienced an increase in the number of larger healthcare CE providers, including healthcare systems and education companies, adding COPE credit at both large-scale conferences and weekly grand rounds. CE providers who have traditionally offered only COPE credit are interested in expanding their target audience to include other healthcare professions and are learning innovative ways to present CE outside of the traditional lecture format.

Working alongside the Joint Accreditation team has proven valuable to COPE, as it is rewarding to offer a streamlined process for healthcare CE providers trying to reach multiple professions. COPE has a specific education format, categorisation, and course/activity number assignment designations that are unique to

optometry due to state licencing board requirements. However, joining Joint Accreditation has prompted internal review of COPE policies and procedures to ensure these processes are up-to-date and forward looking to the future of healthcare CE.

Optometrists have expressed an appreciation and excitement for the expanded opportunities to attend CE activities with other healthcare team members that were previously unavailable. Opportunities for learners seeking COPE credit in public health education have increased substantially and are expected to continue to grow as more jointly accredited providers elect to add optometry as part of the healthcare team within interprofessional continuing education.

### **Board of Certification for the Athletic Trainer (BOC)**

Joining Joint Accreditation was an obvious choice for the Board of Certification for the Athletic Trainer (BOC), as it directly supports the BOC's strategic priority to elevate the standards of the athletic training profession and ensure that BOC-approved CE providers are also accredited by other healthcare organisations. Joint Accreditation has allowed BOC providers to seamlessly gain accreditation for nearly a dozen healthcare professions – a win for all of our stakeholders. Joint Accreditation decreases administrative work for providers during the initial application and renewal process, allowing providers to create a single high-quality CE activity without having to duplicate it or alter it to fit specific professions and their individual requirements, saving time and money.

In joining Joint Accreditation, one challenge has been communicating the value of Joint Accreditation to the BOC Board of Directors, CE providers, and athletic trainers (ATs). Stakeholders must first understand the purpose and function of Joint Accreditation before taking steps to identify CE opportunities. Although Joint Accreditation has existed for over a decade, there have been several new associate members in recent years. It's important to link the solution to the ask: interprofessional CE activities.

One of the natural opportunities of Joint Accreditation is developing further relationships among accreditors. Healthcare operates in team-based models. If we want healthcare professionals to successfully work together, then accreditors need to model these interprofessional approaches. As accreditors, it makes sense to align our standards and requirements of CE activities. Joint Accreditation has done this by adopting the Standards for Integrity and Independence in Accredited Continuing Education. The next step is

to explore how we as accreditors can work more closely to bring healthcare professionals together in learning environments.

Another opportunity for future collaboration with Joint Accreditation is communicating and advertising jointly accredited CE activities. BOC-approved providers are required to upload programmes into the BOC's programme directory, which contains over 5,000 accredited CE activities. However, this is optional for jointly accredited providers, and many choose not to use it. Ideally, a single public-facing repository of Joint Accreditation CE would exist where healthcare professionals could search for relevant learning opportunities. Currently, jointly accredited providers advertise their CE opportunities on their own websites.

In recent surveys, open comments, and focus groups exploring new recertification programme concepts, ATs have continually asked for interprofessional CE opportunities. It may come as a surprise to some healthcare professionals, but ATs are employed across a large spectrum of practice settings and excel in a breadth of skills. While it's true that many ATs work in secondary schools and college settings, a large majority of ATs are employed in hospitals. By encouraging interprofessional education opportunities, participants not only learn more about a particular topic in medicine, but also more about the other members of the healthcare team and how to effectively work together. The partnership with Joint Accreditation provides countless opportunities for ATs to clarify their skill sets and expertise with colleagues across the healthcare system and improve their practice.

## Conclusion

Throughout the years, we, as accreditors, have learned to trust and respect one another to achieve our shared mission of delivering quality CE designed by the healthcare team, for the healthcare team. Through this foundation of mutual trust and respect, we were able to innovate together and launch both Joint Accreditation and an IPCE credit system that did not exist prior to our collaboration. The IPCE credit enables healthcare stakeholders – including certifying, licencing, and regulatory bodies; healthcare leaders; educators and faculty; and healthcare team members – to identify activities specifically designed to improve team collaboration and patient care. We are motivated to continue to promote the value of IPCE credit among regulators and other stakeholders to further drive the advancement of IPCE now and in the future.

Working together across professions has been a tremendously rewarding experience and granted us

the opportunity to make an even greater impact in CE for the healthcare team. We seek to include more professions in the IPCE community and continue to attract a consistent stream of interested provider organisations, receiving 15–20 initial applicants yearly[2]. In our efforts to support the ongoing evolution of IPCE, we have created a community of practice including yearly leadership summits, educational resources and reports, and collaborations across the continuum of healthcare education and professions to advance IPCE. These strategies have led to a significant increase in the number of organisations developing team-based education, and an increase in the ability to measure team performance and patient outcomes[2].

In 2019, we added the option to achieve Joint Accreditation with Commendation in response to jointly accredited providers' requests to promote the value of IPCE, encourage the continued evolution of IPCE programmes, include patients and caregivers as part of the team, and reward providers that implement exemplary practices and generate meaningful outcomes. This menu approach creates flexibility, reflects the diversity of the IPCE community, and offers a pathway for all provider types to achieve commendation[6].

To effectively integrate interprofessional collaborative practice throughout healthcare systems across the world, IPCE needs to become an integral part of life-long learning for all health professions. There is tremendous opportunity to embed the team-based concept across the education continuum and address important topics such as clinician burnout, healthcare disparities, innovative educational strategies, public health crises, and more. As champions of IPCE, we are inspired by not only the resilient and hardworking community of CE organisations and professionals, but also by the limitless possibilities for the future of accredited education.

## Disclosure Statement

- Kate Regnier receives a salary from the Accreditation Council for Continuing Medical Education. She has no other financial interests or benefits to disclose.
- Dimitra Travlos receives a salary from the Accreditation Council for Pharmacy Education. She has no other financial interests or benefits to disclose.
- Daniel Pace receives a salary from the American Academy of Physician Associates. He has no other financial interests or benefits to disclose.



- Sierra Powell receives a salary from the Association of Regulation Boards of Optometry. She has no other financial interests or benefits to disclose.
- Allison Hunt received a salary from the Board of Certification for the Athletic Trainer. She is no longer employed by the Board of Certification for the Athletic Trainer. She has no other financial interests or benefits to disclose.

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