



# **Guide to the Accreditation Process:**

## **Joint Accreditation as a Provider of Interprofessional Continuing Education**

## Contents of these Materials

These materials were developed for providers of interprofessional continuing healthcare education to apply for accreditation through the Joint Accreditation process. These materials may change from time to time, and the version date is noted in the footer of each page. These materials are divided into areas, as outlined in the table of contents:

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# Overview and Background Information

## ***Overview of the Joint Accreditation Process***

An organization seeking accreditation as a provider of continuing education for the healthcare team will submit materials including a self study report and supporting activity files, along with a fee of \$22,000, and will participate in the process of accreditation review that is jointly managed by ACCME, ACPE, and ANCC. The review process is expected to take approximately 12 months and will include:

- Engagement by the provider in a self study to reflect on its program of continuing education;
- Submission of a self study report in which the provider describes its practices and verifies these practices using examples;
- An interview conducted by a three-person team of volunteer surveyors (representative of ACCME, ACPE, and ANCC) and a staff member of one of the three accrediting bodies;
- Review of activity documentation in activity files.

Two review cycles will be provided:

1. Submission of the Self Study Report by July 1, which will result in an accreditation decision in November of the same year.
2. Submission of the Self Study Report by March 1, which will result in an accreditation decision in July of the same year.

Materials submitted by the provider and results of the interview by the survey team will be presented to a Joint Accreditation Review Committee (Joint ARC) constituted equally by representatives from ACCME, ACPE, and ANCC. The accreditation recommendation made by the Joint ARC will be forwarded for final decision to the governing boards of ACCME, ACPE, and ANCC.

The standard term of accreditation as a provider of continuing education for the healthcare team will be four years. A progress report may be required as part of the accreditation decision. Annual reports may also be required by each accrediting body. If a provider withdraws from the joint accreditation process and/or is not successful, the provider will have one year to seek accreditation directly through each individual accrediting body (ACCME, ACPE, ANCC), as desired.

Under the status of accreditation as a provider of CE for the healthcare team, the provider may also offer continuing education for nurses, pharmacists, or physicians separately.

## Accreditation Timeline and Provider Milestones

This timeline is a key resource for preparation of the self study and presentation of the self study report. Providers are encouraged to keep a copy of this page to track accreditation process milestones. Some providers use this document to develop an internal work schedule, factoring in holidays, meetings, staff schedules, and other events that might impact the self study process.

Milestone	Cycle 1	Cycle 2
Determination of eligibility	On-going	On-going
<b>Provider deadline to submit:</b> <ul style="list-style-type: none"> <li>✓ Intent to apply</li> <li>✓ Activity list of educational activities</li> <li>✓ Fee payment</li> </ul>	January 1	September 1
Provider informed which activity files, at a minimum, will be reviewed.	February 1	October 15
Providers contacted to establish interview date	April/May	January/February
<b>Provider deadline to submit:</b> <ul style="list-style-type: none"> <li>✓ Self Study Report</li> <li>✓ Activity files</li> </ul>	July 1	March 1
Interview	August/September	April/May
Joint ARC Meeting	October	June
Provider notified of decision no later than	November 30	July 31

## Conducting the Self Study

The self study process provides an opportunity for the accredited provider to reflect on its program of continuing education (CE). This process can help the organization assess its commitment to and role in providing interprofessional continuing healthcare education and determine its future direction.

While an outline of the content of the *self study report* is specified, the process of conducting a *self study* is unique to the organization. Depending on the size and scope of its CE program, the organization may wish to involve many or just a few individuals in the process. Regardless of the size or nature of its program, the self study is intended to address:

- The extent to which the organization has met its CE mission (JAC1, JAC2).
- An analysis of factors that supported or detracted from meeting the CE mission (JAC2).
- The extent to which, in the context of meeting its CE mission, the organization produces CE that:
  - Addresses the educational needs that underlie the professional practice gaps of its own learners (JAC4),
  - Is designed to change skills/strategy, performance, or patient outcomes (JAC5),

- Includes content matched to its learners' current or potential scopes of practice (JAC6),
  - Includes formats appropriate for the setting, objectives, and desired results (JAC7),
  - Is in the context of desirable healthcare team attributes (JAC8),
  - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (JAC9).
- How the organization implemented strategies or interventions to better meet its CE mission (JAC2).
  - The extent to which the organization is engaged with its environment (JAC3, JAC10-JAC13).

## Data Sources Used in the Accreditation Process

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The provider that develops interprofessional continuing healthcare education must meet all accreditation expectations *in practice*. This will be determined through a review of materials used in the planning and implementation of individual CE activities or groups of activities and materials used in the administration of a CE program as well as an interview conducted by an survey team.

The joint accreditation process is **an opportunity** for the provider to demonstrate its interprofessional CE is in compliance with the requirements for joint accreditation. Three explicit data sources will be used to make the determination of compliance:

1. **Self study report:** The Provider is expected to *describe* and provide *examples* of its interprofessional CE practices. When describing a practice, the provider is offering a narrative to give the reader an understanding of the CE practice(s) related to a Criterion or Policy. When asked for an example of a CE practice, evidence (documentation/documents/materials) must demonstrate *implementation* of the practice. Evidence must be chosen from activities that have already been planned and/or implemented.

For information on the structure, format and content requirements for the self study report, please see **Section 4** of this document.

2. **Activity file review:** The Provider is expected to verify that its CE activities meet the joint accreditation criteria through the documentation review process. This review is based on the criteria for accreditation as a provider of interprofessional continuing healthcare education. It is expected that the provider will label its activity documentation according to instructions.

A sample of activities will be selected for activity file review. The activities must have been developed by and provided for the interprofessional healthcare team.

For information on the structure, format and content requirements for activity files, please see **Section 5** of this document.

3. **Accreditation interview:** This will allow the provider an opportunity to amplify, verify, and clarify the information provided in the self study document and activity files. Interview activities may consist of review of additional activity files and interviews of staff of the provider organization, individuals involved in the planning or implementation of the educational activities, as well as individual learners. The interview presents an opportunity to describe or provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the

survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice. For information on the accreditation interview, please see **Section 6** of this document.

### ***Expectations for Regularly Scheduled Series (RSS)***

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's CE mission, fulfills the joint accreditation requirements, and manifests the provider's engagement with the system in which it operates – just like any other activity type. Like all other activity types, RSSs may be selected for demonstration of compliance with the accreditation criteria.

## **The Decision Making Process**

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Data and information collected in the accreditation process is analyzed and synthesized by the Joint Accreditation Review Committee. The Joint ARC makes decisions using the following decision process:

1. The Joint Accreditation decision making process assesses a provider's compliance with the Joint Accreditation criteria based on information furnished by the provider, via the Self Study Report, activity files and through the survey team interview. Compliance options for each Joint Accreditation criteria include:
  - a. Compliance (the provider meets the criteria for Compliance)
  - b. Noncompliance (the provider does not meet the criteria for Compliance).
2. The standard period of Joint Accreditation is four years.
3. For an accredited provider seeking Joint Accreditation, noncompliance with any Criterion will result in the requirement of a progress report and/or a focused or full survey. Failure to demonstrate compliance in the progress report may result in Probation.
4. If a provider is found to be in noncompliance with more than 50% of the Criteria for Joint Accreditation, the provider will NOT receive a decision outcome of Joint Accreditation. The provider will have 12 months to reapply for separate accreditations with the accrediting bodies.

### **Consequences and Outcomes of a Progress Report**

5. If the Provider's evidence is compliant with the Criteria that were in noncompliance the provider may continue with its accredited term.
6. For a provider on Probation, demonstration of compliance [through a progress report] in all elements will result in its ability to complete its four-year term with a status of Joint Accreditation.
7. The accreditors can request **CLARIFICATION** at the time of the next Joint Accreditation review to be certain the provider is in Compliance.
8. If the provider has not demonstrated compliance with the Criteria that were in noncompliance, either a second report or a focused joint accreditation survey may be required.
9. The accreditors can place a provider on Probation or Non-Accreditation as the result of findings on a *Progress Report*.

The Joint Accreditation Review Committee makes recommendations to the Governance/Decision-making bodies of ACCME, ACPE, and ANCC. All accreditation decisions are ratified by the full Governance bodies of the ACCME, ACPE, and ANCC. The accreditation is thus recognized by all accrediting bodies. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of accreditation decisions is also enhanced by the use of a criterion-referenced decision-making system. Accreditation decision letters will be sent to providers via mail following the meeting of the governance bodies of ACCME, ACPE, and ANCC.

## Structure and Format Requirements for the Self Study Report

The Provider must prepare four (4) electronic copies on separate USB drives and one(1) 'hard copy' of the self study report using the formatting instructions below. A separate copy should be readily available for use during the survey team interview.

1. **Separate the content of the self study report by each Criterion.** For hard copy, use tabs. For electronic copies, use PDF bookmarks.
2. **Provide required narrative and attachments** for each Criterion.
3. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report.
4. Include the following completed forms at the beginning of the self study document:
  - a) Intent to Apply form
  - b) CE Activity List
5. **Include a Table of Contents** listing the page numbers of each narrative and attachment contained within the self study report.
6. **Consecutively number each page** - including the attachments. The name (or abbreviation) of the organization must appear with the **page number on each page**.
7. **Type with at least 1" margins** (top, bottom and sides), using **11 point type or larger**. Use **double-sided printing** when possible.
8. For hard copy, **do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Instead, copy pertinent excerpts to standard paper for inclusion in the binder.
9. **Do not exceed 150 pages of content, including narrative and attachments.**
10. **Use a three-ring binder (or other binding mechanism) no wider than two inches** to hold the self study report. Neither the rings nor the materials held by the rings may be more than two inches in diameter. The rings must hold the materials securely.
11. After inclusion of activity files (see below), **submit** four (4) electronic copies on separate USB drives and one(1) 'hard copy' of the self study report to the address below. Keep a separate copy for use during the interview. The address for submission is located at the end of the next section of this document.

***Materials not submitted according to required specifications may be returned at the organization's expense. This may result in a delay in the accreditation review process, additional fees, and may impact the organization's accreditation status. Particularly important format considerations are size and pagination.***

## Review of Activity File Contents, Structure and Format 5

### ***Contents of Activity File Review Materials***

The activity file review allows providers to demonstrate compliance with Joint Accreditation criteria and offers providers an opportunity to reflect on its CE practices. This reflective process can support the provider in evaluating the extent to which it has met its CE mission, as required in Joint Accreditation Criterion 2. Providers should take advantage of preparing for the activity file review to identify, plan, and potentially implement any needed changes to CE activities or the overall CE program. These changes can be tangible examples that a provider uses to demonstrate compliance with Joint Accreditation Criterion 2a-c.

Materials that demonstrate compliance with the joint accreditation expectations may result from work done for individual activities or as part of the overall CE program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets expectations with evidence not directly related to a specific CE activity.

## ***Review of Activity Files***

### **A. Selection of activities for review**

Based on the completed CE Activity List provided, up to 9 activities will be selected for review. Providers will be notified via email of the activities selected for review.

### **B. Instructions for preparing and submitting materials for review**

Prepare and submit labeled evidence according to the specifications outlined below; activity files will be returned if they do not comply with these requirements.

#### **Step A – Label Evidence to Support Compliance**

Label the documentation submitted in a manner enabling the reviewer to quickly and easily find evidence of adherence to the accreditation criteria. Place a label corresponding to each criterion on the **first page** of the evidence relative to the criterion or on a **coversheet** (when there are multiple pages) related to that criterion. It is not necessary to submit the entire working activity file. Instead, providers should pull just those materials that help the organization demonstrate compliance with the joint accreditation criteria indicated on the label.

Occasionally one sentence or paragraph within a five-page document (for example) may be a demonstration of compliance with a criterion. In these cases highlight or use some easily discernible method to pinpoint the reviewers' attention to this particular site in the document. It is important that evidence demonstrates how and where the provider is in compliance with the criteria. It is equally important that the evidence be clearly identified for the reviewers' use.

#### **Step B – Enclose the CE Product**

Submit the **CE product** in its entirety for each **Internet, journal-based and/or enduring material CE activity** selected **in addition to** the labeled evidence for these activities. CE products are being requested to assess compliance with joint accreditation criteria.

Clearly identify where information supporting compliance with the joint accreditation criteria can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that the provider is meeting the policy requirements.

**For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary.** If an Internet activity selected is no longer available online, the activity may be saved to CD-ROM or provide access to the activity on an archived web site. If joint accreditation surveyors have difficulty accessing the activities or finding the required information, the provider will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of the organization's current accreditation term, as online activities will be accessed at multiple levels of the review for joint accreditation as a provider of interprofessional continuing healthcare education.

#### **Step C – Submit Materials on Time**

All providers seeking joint accreditation are required to ship four USB drive devices. Each USB drive device must contain Adobe.pdf copies of all chosen activity files plus a copy of

the Self Study document. In addition, supply one 'hard copy' of each activity file that has been selected for review.

Do not ship original documents; activity files will **not** be returned. Each of the surveyors will be provided with one of the USB drive devices submitted in preparation for the interview.

***The Provider should retain a duplicate set of files at their offices for its own reference, and, if the need arises, the provider may be asked for a second copy of a file or set of files.***

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The self study report materials plus the activity files must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address:

**Applications for joint accreditation should be mailed to:**

Dimitra V. Travlos, PharmD, BCPS  
Assistant Executive Director, and  
Director, Continuing Pharmacy Education Provider Accreditation  
Accreditation Council for Pharmacy Education  
135 South LaSalle Street, Suite 4100  
Chicago, Illinois 60603

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### Accreditation Interview

The interview offers opportunities for both the provider and the survey team. The interview allows the provider to: (1) discuss its CE program, overall CE program evaluation, and self study report and (2) clarify information described and shared in the self study report and activity files. The interview offers opportunities for the survey team to: (1) ensure that any questions regarding the provider's procedures or practices are answered and (2) ensure that the survey team has complete information about the provider's organization with which to formulate a report to the Joint Accreditation Review Committee and the ACCME, ACPE and ANCC governing bodies.

The joint accreditation survey team will not provide feedback on compliance, nor will it provide the organization with a summary of findings or an assessment of the expected outcome of the accreditation review. The organization's compliance, findings, and the outcome of the accreditation review are determined by the governing bodies of ACCME, ACPE, and ANCC based on the recommendations of the Joint Accreditation Review Committee.

#### ***Interview Formats***

The format for all interviews involves directed communication between the representatives of the provider and the joint accreditation survey team. The interviews require varying amounts of time in order to verify, clarify, and amplify the self study report documentation. The standard format for joint accreditation surveys is teleconference.

#### ***Scheduling the Interview***

Interviews will be scheduled based on availability of the joint survey team in consultation with the provider.

## Contents of the Self Study Report for Joint Accreditation

### I. Introduction

- A. Intent to Apply form
- B. CE Activity List
- C. Self Study Report Prologue
  - 1. Describe a brief history of the organization's CE Program.
  - 2. Describe the leadership and structure of the organization's CE Program.

### II. Criteria

#### Criterion 1:

Attach the organization's CE mission statement to verify it has all required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program. It is important that the expected results section of the mission statement clearly reflects the changes that are the expected results of the organization's CE program (i.e., changes in skills/strategies, or performance, or patient outcomes of the inter-professional healthcare team). (JAC1)

#### Criterion 2:

- A. **Describe** and include **examples** of information gathered as a result of overall program evaluation.
- B. Describe conclusions regarding **the organization's success at meeting its CE mission**, including the degree to which the organization has:
  - 1. reached its target audience;
  - 2. provided CE on the content areas outlined in the CE mission;
  - 3. produced the types of activities stated in the CE mission;
  - 4. fulfilled its purpose; and,
  - 5. achieved its expected results (JAC2)
- C. As a result of program-based analysis, describe identified changes that could help the organization better meet its CE mission. In the response, explain how each change, if implemented, could impact a component of the CE mission (purpose, content areas, target audience, type of activities, or expected results). (JAC2a)
- D. Based on the changes identified that could be made, describe the changes to the CE program that were **implemented**. For any potential changes that were not implemented, explain why they were not implemented and plans to address them in the future. (JAC2b)
- E. Describe how the organization has measured the impact of these implemented changes on its ability to meet its CE mission. (JAC2c)

**Criterion 3:**

**Describe** how the organization integrates CE into the process for improving the professional practice of the healthcare team. Include **examples** of explicit organizational practices that have been implemented. (JAC3)

*The next set of items is designed to gather information on the educational planning process.*

**Criterion 4:**

**Describe** how the organization incorporates the educational needs (knowledge, skills/strategy, or performance) that underlie the professional practice gaps of learners into CE activities. (JAC4)

Use the following as an outline for your description:

1. *how the organization identifies the professional practice gaps of its learners;*
2. *how the organization identifies the educational need(s) that underlie those gaps; and,*
3. *how the organization incorporates these needs into activities or a set of activities (JAC4)*

**Criterion 5:**

**Describe** the organization's process of designing activities to change skills/strategy, performance, or patient outcomes. (JAC5)

**Criterion 6:**

**Describe** how the organization, at the CE program or activity planning level, matches the content of its activities to learners' current or potential scope of practice. (JAC6)

**Criterion 7:**

**Describe** the different educational formats (i.e., activity type and methodology) the organization has utilized for its activities. Explain the rationale or criteria used in the selection of formats to ensure the format is appropriate for the setting, objectives, and desired results of an activity. (JAC7)

**Criterion 8:**

**Describe** how the organization has developed CE activities in the context of desirable attributes of the health care team (e.g., IOM competencies, professional competencies, health care team competencies). (JAC8)

**Criterion 9, ACCME Standards for Commercial Support<sup>SM</sup> 1:**

**Describe** how the organization makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the determination of educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control the content; (e) the selection of educational methods, and (f) the evaluation of the activity. (SCS 1.1)

- i. If the organization enters into joint sponsorship/providership relationships with non-accredited providers, describe the process used to ensure that these organizations are not commercial interests. (SCS 1.2)
- ii. Provide **a list** of joint sponsors (or co-providers) (SCS 1.2)

Include **two activity examples** that illustrate all of the steps of the planning process that were described.

For both of the activity examples, explicitly identify and/or describe:

- (1) The problem, or professional practice gap, the activity addressed (JAC4)
- (2) The educational need that was underlying this gap for learners (JAC4)
- (3) What the activity was designed to change (competence, performance, or patient outcomes) (JAC5)
- (4) That the activity matched the current or potential scope of practice of learners (JAC6)
- (5) The format of the activity (JAC7)
- (6) The desirable healthcare team or individual healthcare team member attribute associated with the activity (JAC8)
- (7) That the activity was designed to ensure independence from commercial interests (JAC9 SCS1.1)

**Criterion 9, ACCME Standards for Commercial Support<sup>SM</sup> 2-6:**

- A. Describe** the mechanism(s) used by the organization to ensure that all individuals in a position to control educational content have disclosed relevant financial relationships with commercial interests. In the description, include the organization's mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2) (JAC9a)
- B. Describe** the mechanism(s) used by the organization to identify conflicts of interest prior to an activity. (SCS 2.3) (JAC9a)
- C. Describe** the mechanism(s) used by the organization to resolve conflicts of interest prior to an activity. (SCS 2.3) (JAC9a)
- D. Describe** the organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. (SCS 6.1-6.5) (JAC9a)
- E. Include two activity examples** that illustrate the descriptions above. For each activity example, explicitly show and/or describe:
  - (1) Each individual who was in a position to control educational content, specifying the individual's role (e.g., planner, faculty, reviewer, staff) (SCS 2.1) (JAC 9a)
  - (2) That all individuals in control of content disclosed relevant financial relationships with commercial interests to the organization. Include verification that individuals who refuse to disclose were disqualified; (SCS 2.1) (JAC 9a)
  - (3) The mechanisms implemented to identify and resolve conflicts of interests prior to the activity; (SCS 2.3) (JAC 9a)
  - (4) Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. (SCS 6.1, 6.2, 6.5) (JAC 9a)

(5) If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including “in-kind” support, from commercial interests. (SCS 6.3-6.5) (JAC 9a)

- E. **Attach** written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8) (JAC9b)
- F. **Describe** how the organization ensures that social events do not compete with or take precedence over educational activities. (SCS 3.11) (JAC9b)

**NOTE: If the organization accepts commercial support, respond to G - I; if not, omit questions G - I.**

- G. **Describe** process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1)(JAC9b)
- H. **Describe** how the organization ensures that all commercial support is given with the organization’s full knowledge and approval. Include in the response all policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. (SCS 3.3; 3.9) (JAC9b)
- I. Attach an **example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS. (SCS 3.4-3.6) (JAC9b)
- J. If **commercial exhibits** are associated with any of the organization’s CE activities, **describe** how the organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CE activities. (SCS 4.1) (JAC9b, JAC9c)
- K. If **advertisements** are associated with any of the organization’s CE activities, **describe** how the organization ensures that advertisements or other product-promotion materials are kept separate from the education. Distinguish between processes related to advertisements and/or product promotion in each of the following types of CE activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.4) (JAC9c)
- L. **Describe** planning and monitoring used to ensure that:
  - 1. The content of CE activities does not promote the proprietary interests of any commercial interests. (SCS 5.1) (JAC9d)
  - 2. CE activities give a balanced view of therapeutic options. (SCS 5.2) (JAC9d)
  - 3. All the recommendations involving clinical medicine in a CE activity must be based on evidence that is accepted within the health profession being addressed as adequate justification for their indications and contraindications in the care of patients.
  - 4. 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.

**Criterion 10:**

**Describe** how the organization utilizes non-education strategies to enhance change as an adjunct to its educational activities. Include an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (JAC10)

**Criterion 11:**

**Describe** how the organization identifies factors outside of its control that will have an impact on patient outcomes. These instances might be specific to the planning of a CE activity or at the overall CE program level. Include **examples** of identifying factors outside of the organization's control that will have an impact on patient outcomes. (JAC11)

**Criterion 12:**

**Describe** how the organization implements educational strategies to remove, overcome, or address barriers to practitioner change. These instances might be specific to the planning of a CE activity or at the overall CE program level. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to healthcare team or individual change. (JAC12)

**Criterion 13:**

**Describe** the **conclusions** drawn from analysis of changes in learners' competence, performance, or patient outcomes achieved as a result of the organization's overall program's activities/educational interventions. Provide a **summary of the data** upon which analysis of changes in learners was based. (JAC13)

**Criterion 14:**

**Describe** how the organization maintains verification of compliance with accreditation requirements and records of learners' participation in its CE activities. (JAC14)