Core Competencies for Interprofessional Collaborative Practice:

2016 Update

Suggested Citation:
Interprofessional Education Collaborative. (2016).
Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC:
Interprofessional Education Collaborative.

Contents

Executive Summary

In 2009, six national associations of schools of health professions formed a collaborative to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences. The goal was, and remains, to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. The collaborative, representing dentistry, nursing, medicine, osteopathic medicine, pharmacy, and public health, convened an expert panel of representatives from each of the six IPEC sponsor professions to create core competencies for interprofessional collaborative practice, to guide curriculum development across health professions schools. The competencies and implementation recommendations subsequently published in the 2011 *Core Competencies for Interprofessional Collaborative Practice* have been broadly disseminated.

In this 2016 release, the IPEC Board updates the document with a three-fold purpose, to:

- Reaffirm the value and impact of the core competencies and sub-competencies as promulgated under the auspices of IPEC.
- Organize the competencies within a singular domain of **Interprofessional Collaboration**, encompassing the topics of values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. These four topical areas were initially proposed as domains within interprofessional education (IPE). However, in the time since publication, it has become clear that interprofessional collaboration stands as a domain unto itself. Furthermore, creating shared taxonomy among the health professions serves to streamline and synergize educational activities and related assessment and evaluation efforts.
- Broaden the interprofessional competencies to better achieve the Triple Aim (improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care), with particular reference to population health.

Since the 2011 report was issued, IPEC has made substantive headway in interprofessional education and the crucial partnerships that will further its progress:

- There have been over 550 citations of the report in the peer-reviewed and related literature between May 2011 and December 2015. It has also been translated into several languages and used in professional development by the health insurance industry.

- Meaningful interprofessional learning experiences in the required curriculum has increased, as reported in *JAMA* and the *Journal of Dental Education*.

- The IPEC Faculty Development Institutes have hosted 339 multi-professional teams with 1,457 participants to design institutionally-based projects that advance IPE at their local institutions.

- With funding from the Josiah Macy Jr. Foundation, the IPE PORTAL collection of peer-reviewed educational resources and materials supporting IPE instruction, which are mapped to the IPEC Competencies, was launched in December 2012.

- In February 2016, IPEC welcomed 9 new institutional members, expanding the professional representation from 6 to 15:

    - American Association of Colleges of Podiatric Medicine (AACPM)
    - American Council of Academic Physical Therapy (ACAPT)
    - American Occupational Therapy Association (AOTA)
    - American Psychological Association (APA)
    - Association of American Veterinary Medical Colleges (AAVMC)
    - Association of Schools and Colleges of Optometry (ASCO)
    - Association of Schools of Allied Health Professions (ASAHP)
    - Council on Social Work Education (CSWE)
    - Physician Assistant Education Association (PAEA)

Introduction

The intent of the Interprofessional Education Collaborative (IPEC) that came together in 2009 to develop core competencies for interprofessional collaborative practice was to build on each profession's expected disciplinary competencies. The development of interprofessional collaborative competencies necessarily required moving beyond profession-specific educational efforts to engage students of different professions in interactive learning with each other.

In 2016 the IPEC Board aims to: reaffirm the original competencies, ground the competency model firmly under the singular domain of Interprofessional Collaboration, and broaden the competencies to better integrate population health approaches across the health and partner professions so as to enhance collaboration for improving both individual care and population health outcomes.

The original 2011 IPEC report grew out of the commitment of six founding professional educational organizations to define interprofessional competencies for their professions: dentistry, nursing, medicine, osteopathic medicine, pharmacy, and public health. The hope then, which is still apt today, was that other professional education organizations and a broader group of stakeholders in the quality of health professions education would see the value of these competencies and adopt the recommendations in their own work. The competencies were intentionally general enough in nature to allow flexibility within the professions and at the institutional level. This would allow faculty and administrators to develop a program of study for their profession or institution that is aligned with the general interprofessional competency statements but in a context appropriate to particular professional, clinical, practitioner, or institutional circumstances. This would broaden the scope and increase the momentum of the transformation of interprofessional education of health professionals.

In the five years since the original report's release, significant developments—from broad citation of the report and dissemination of the competencies to endorsement from accreditation bodies and robust attendance at team-based faculty development institutes—stand as demonstrations of just the kind of transformation and increased momentum IPEC initially envisioned. Specifically, additional organizations have signed on as IPEC supporting organizations, and most of those subsequently joined IPEC in 2016 as institutional members. The 2011 report has been widely cited throughout the health professions literature, translated into multiple languages, and reprinted in part and in whole in over a dozen educational textbooks. And, most importantly, initial findings from dentistry and medicine indicate that increased attention is being given to IPE within the required curriculum.

Because of these developments, the IPEC Board carried out an update in 2016. This 2016 update, like the initial 2011 IPEC report, is inspired by the vision that interprofessional collaborative practice is key to the safe, high-quality, accessible, patient-centered care desired by all. It also reflects the changes that have occurred in the health system since the release of the original report, two of the most significant of which are the increased focus on the Triple Aim (improving the experience of care, improving the health of populations, and reducing the per capita cost of health care) and implementation of the Patient Protection and Affordable Care Act in 2010. In reviewing the competencies in light of the new environment, the IPEC Board recognized that population health approaches need to be strengthened in the model. This updated version integrates explicit population health outcomes alongside individual care competencies into an expanded competency model that is needed to achieve today's health system goals of improved health and health equity across the life span.

Achieving that vision requires the continuous development of interprofessional competency by health professions students and students in other professional fields as part of the learning process, so that they enter the workforce ready for collaborative practice that helps to ensure health. The new population health content is grounded in the Framing the Future's Population Health across All Professions' Expert Panel, which included representation from each IPEC Board member. That panel's 2015 report aims to prepare professionals in health and other fields (e.g., law, business, architecture, urban planning, teaching, and engineering, including dual-degree students) for professional activities that impact population health, and to work together across disciplines, organizations, and sectors on innovative strategies to improve population health.

Perhaps the most important outcome of this updated orientation in IPEC's expanded competency model towards population health is providing an enabling framework for clinical care providers, public health practitioners, and professionals from other fields to collaborate more effectively and creatively across disciplines to optimize health care and advance population health.

This update retains most of the original wording of the general competency statements and related sub-competencies, revised to integrate population health concepts, recognizing that these statements have been used in mapping curricula or as an organizing framework for efforts such as the IPE PORTAL resource collection, IPEC Faculty Development Institutes, and the American Association of Colleges of Pharmacy's (AACP's) Professions Quest.

And this treatment differs in that Interprofessional Collaboration is pushed forward as the *central domain* under which the original four core general competencies and related sub-competencies are arrayed. This approach is consistent with what Englander et al. found in their 2013 exhaustive review of health professions' competency frameworks. They explored the degree of existing overlap in domains of competence and specific competency expectations between the health professions and within medicine's specialties and subspecialties. Through mapping 153 different competency lists that covered nine health professions and medicine specialties, subspecialties, and related initiatives, **Interprofessional Collaboration** emerged as a viable general domain.

Integration of the IPEC Core Competencies

Dissemination and Impact

From the outset, the report has been well received and broadly cited. In addition to having been translated into Japanese and Spanish, it has also been used by the medical and dental health insurance industries for professional development. Notably, the report has been cited in the peer-reviewed literature and other key publications well over 550 times. While many of these citations come from health science professions, it has also been picked up in the social sciences.

Increasingly, IPE learning experiences, once largely elective if offered at all, have begun to make substantive inroads into the required curriculum. A 2012 survey of dental education programs revealed that 34 percent of IPE offerings for dental students were required. In 2014, that profile dramatically shifted to 69 percent (Palatta et al 2015). In a similar vein, Barzansky and Etzel (2015) found the percentage of reporting medical schools with required IPE experiences rose from 76 percent to 92 percent between 2011 and 2014.

Support from the Health Professions' Education Community

Immediately after the 2011 report release, 12 organizations signed on as supporting organizations, and, significantly, in February 2016, IPEC officially expanded to include 9 institutional members:

- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)

The 2011 supporting organizations follow:

- Academic Consortium for Complementary & Alternative Health Care (ACCAHC)
- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Physical Therapy Association (APTA)
- American Podiatric Medical Association (APMA)
- American Psychological Association (APA)
- American Speech-Language-Hearing Association (ASHA)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)
- Society of Simulation in Healthcare (SSH)

Interprofessional Education Reflected in Accreditation

> "After reviewing each participating agency's accreditation standards regarding IPE, HPAC members agreed that the definition of IPE and competencies for health profession students identified in the 2011 Interprofessional Education Collaborative (IPEC) report are fundamental to educational programs in the health professions accredited by the HPAC members."
>
> HPAC Press Release, December 2014

In late 2014, the independent accreditation bodies from the six IPEC-sponsoring associations formed the Health Professions Accreditors Collaborative (HPAC) to establish a standing relationship that enables stakeholders to readily communicate and engage activities in support of interprofessional education, with the shared goal of preparing graduates for meaningful collaborative practice. Though the initial composition of HPAC includes the founding IPEC professions' accreditors, HPAC anticipates the need for expanding to other professions' accreditation entities in order to develop meaningful collective activities.

Current members of the Health Professions Accreditors Collaborative (HPAC) include:

- Accreditation Council for Pharmacy Education (ACPE) www.acpe-accredit.org
- Commission on Collegiate Nursing Education (CCNE) www.aacn.nche.edu/ccne-accreditation
- Commission on Dental Accreditation (CODA) www.ada.org/en/coda
- Commission on Osteopathic College Accreditation (COCA) www.osteopathic.org
- Council on Education for Public Health (CEPH) www.ceph.org
- Liaison Committee for Medical Education (LCME) www.lcme.org

IPEC Faculty Development Institutes

The IPEC core competencies framework has served as a cornerstone for 10 IPEC Faculty Development Institutes hosted since May 2012. The Faculty Development Institutes are designed to bring together multi-profession teams for the express purpose of creating an institutionally based project to advance IPE. Since May 2012, the Institutes have hosted 339 teams and 1,457 participants coming from 185 cities in 48 states, Washington, DC, and Puerto Rico. (New Hampshire and Montana are the only states without representation in an Institute cohort.) The Institutes have also hosted international teams from Lebanon, Canada, and South Africa.

While the majority of the Institutes have focused on IPE 101, three have been dedicated to quality improvement and patient safety in IPE and one on population health IPE.

In addition to the initial 6 IPEC professions, more than 60 other professions have participated on Institute teams, including:

- Allied Health
- Architecture
- Athletic Training, Sports Studies, and Exercise Science
- Basic Science, Genetics, Microbiology
- Behavioral and Community Health
- Chiropractic Care
- Communication Science and Disorders
- Curriculum Evaluation and Education Research
- Dental Hygiene
- Education Administration and Leadership
- Global Health
- Health and Environmental Sciences
- Health Services Administration and Research
- Law
- Library Science
- Nurse Anesthesia
- Nursing and Law
- Nutrition and Dietetics
- Occupational Therapy
- Optometry
- Palliative Care
- Physical Therapy
- Physician Assistant
- Psychology
- Radiologic Sciences
- Rehabilitation Services
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Veterinary Medicine

IPEC PORTAL Collection

To create a readily available source of free, high-quality teaching materials, the Josiah Macy Jr., Foundation awarded development funding for IPE modules that had been implemented by at least three health professions and could be used as stand-alone instructional sources or integrated into broader IPE activities. Hosted on the AAMC's MedEdPORTAL® platform, the IPE PORTAL collection launched in December 2012 with 28 fully developed modules directly linked to the Interprofessional Collaboration Competencies promulgated by the 2011 IPEC report.

The IPE PORTAL collection is based on MedEdPORTAL's peer-review model. By design it facilitates efforts to coordinate authentic educational experiences across disciplinary boundaries in supplying credible educational resources that are validated by content experts for use with learners from multiple health professions. Access to these educational materials can be especially useful for regional campuses that may not have other disciplines on the same campus.

Modules range from case-based resources, evaluation tools, and multimedia resources to presentations, lab guides, references, and tutorials. Primary topic listings include communication skills, curriculum development or evaluation, health education, and evaluation of clinical performance. Additional topics cover ambulatory education, assessment; cognition, human learning, and problem solving, counseling, evidence-based medicine, health care quality improvement, health care systems, patient safety and medical errors, physician-patient relationship, professionalism, teaching skills, and veterans' health and wellness.

Competency-Based Interprofessional Education: Definitional Framework

Operational Definitions

Interprofessional education:
"When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO 2010)

Interprofessional collaborative practice:
"When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care." (WHO 2010)

Interprofessional teamwork:
The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.

Interprofessional team-based care:
Care delivered by intentionally created, usually relatively small work groups in health care who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team).

Professional competencies in health care:
Integrated enactment of knowledge, skills, values, and attitudes that define the areas of work of a particular health profession applied in specific care contexts.

Interprofessional competencies in health care:
Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.

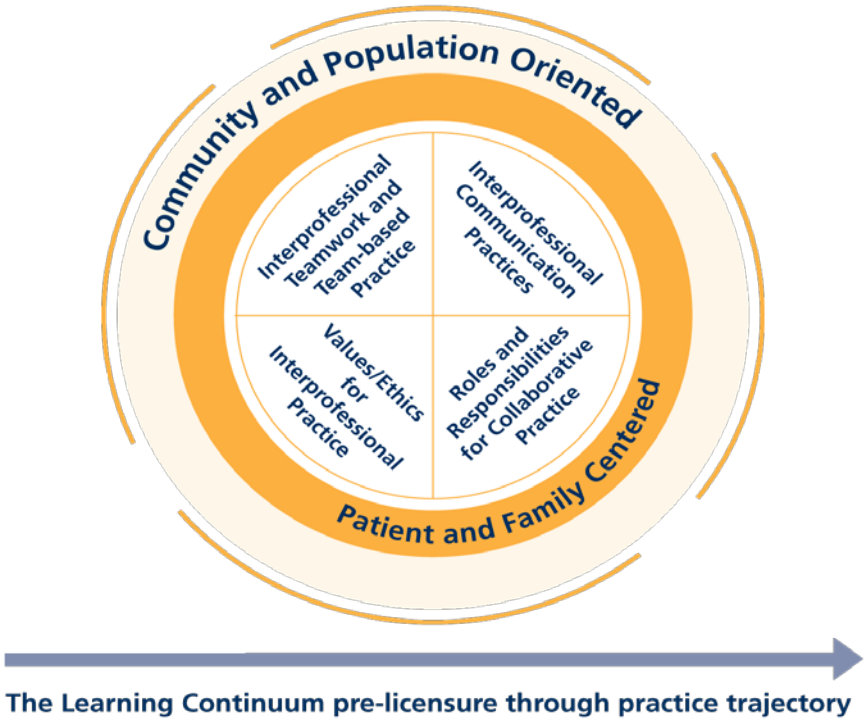
The 2011 charge to the expert panel was to identify individual-level interprofessional competencies for future health professionals in training that are specifically relevant to the pre-licensure/pre-credentialed student. The expert panel also identified eight reasons why it is important to agree on a set of core competencies across the professions, which still hold true today. They are needed to:

1. Create a coordinated effort across the health professions to embed essential content in all health professions education curricula.
2. Guide professional and institutional curricular development of learning approaches and assessment strategies to achieve productive outcomes.
3. Provide the foundation for a learning continuum in interprofessional competency development across the professions and the lifelong learning trajectory.
4. Acknowledge that evaluation and research work will strengthen the scholarship in this area.
5. Prompt dialogue to evaluate the "fit" between educationally identified core competencies for interprofessional collaborative practice and practice needs/demands.
6. Find opportunities to integrate essential interprofessional education content consistent with current accreditation expectations for each health professions education program.
7. Offer information to accreditors of educational programs across the health professions that they can use to set common accreditation standards for interprofessional education and to know where to look in institutional settings for examples of implementation of those standards.
8. Inform professional licensing and credentialing bodies in defining potential testing content for interprofessional collaborative practice.

Interprofessional Collaboration Domain

Recognizing that educators and IPE development teams have used the 2011 competencies extensively for curriculum design and mapping, the original structure is retained in this 2016 update. The two changes are to present **Interprofessional Collaboration** as a domain in and of itself and to better integrate population health competencies. The first change flows from the work of Englander et al (2013). Instead of depicting four domains within interprofessional collaborative practice (values/ethics, roles/responsibilities, interprofessional communication, teams and teamwork), the four topical areas fall under the single domain of interprofessional collaboration in which four core competencies and related sub-competencies now reside. The second change responds to shifts in the health system since the 2011 report was released, most prominently the increased focus on the Triple Aim and implementation of the Patient Protection and Affordable Care Act in 2010.

Interprofessional Collaboration Competency Domain



Four Core Competencies

The core competencies and sub-competencies feature the following desired principles: patient and family centered (hereafter termed "patient centered"); community and population oriented; relationship focused; process oriented; linked to learning activities, educational strategies, and behavioral assessments that are developmentally appropriate for the learner; able to be integrated across the learning continuum; sensitive to the systems context and applicable across practice settings; applicable across professions; stated in language common and meaningful across the professions; and outcome driven.

NOTE: The 2016 updates to the competencies and sub-competencies appear in **bold.**

Competency 1

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations.** (Roles/Responsibilities)

Competency 3

Communicate with patients, families, communities, **and professionals in health and other fields** in a responsive and responsible manner that supports a team approach to the **promotion and** maintenance of health and the **prevention and** treatment of disease. (Interprofessional Communication)

Competency 4

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan, deliver, and evaluate** patient/population-centered care **and population health programs and policies** that **are** safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

IPEC Core Competencies for Interprofessional Collaborative Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Values/Ethics Sub-competencies:

VE1.	Place interests of patients and populations at center of interprofessional health care delivery **and population health programs and policies, with the goal of promoting health and health equity across the life span.**
VE2.	Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
VE3.	Embrace the cultural diversity and individual differences that characterize patients, populations, and the **health team**.
VE4	Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions **and the impact these factors can have on health outcomes**.
VE5	Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services **and programs**.
VE6	Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
VE7.	Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
VE8	Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
VE9.	Act with honesty and integrity in relationships with patients, families, **communities**, and other team members.
VE10.	Maintain competence in one's own profession appropriate to scope of practice.

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations.** (Roles/Responsibilities)

Roles/Responsibilities Sub-competencies:

RR1.	Communicate one's roles and responsibilities clearly to patients, families, **community members**, and other professionals.
RR2.	Recognize one's limitations in skills, knowledge, and abilities.
RR3.	Engage **diverse professionals** who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific **health and healthcare** needs **of patients and populations**.
RR4.	Explain the roles and responsibilities of other providers and how the team works together to provide care, **promote health, and prevent disease**.
RR5.	Use the full scope of knowledge, skills, and abilities of **professionals from health and other fields** to provide care that is safe, timely, efficient, effective, and equitable.
RR6.	Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
RR7.	Forge interdependent relationships with other professions **within and outside of the health system** to improve care and advance learning.
RR8.	Engage in continuous professional and interprofessional development to enhance team performance **and collaboration**.
RR9.	Use unique and complementary abilities of all members of the team to optimize **health and** patient care.
RR10.	**Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.**

Communicate with patients, families, communities, **and professionals in health and other fields** in a responsive and responsible manner that supports a team approach to the **promotion and** maintenance of health and the **prevention and** treatment of disease. (Interprofessional Communication)

Interprofessional Communication Sub-competencies:

CC1.	Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
CC2.	**Communicate** information with patients, families, **community members,** and **health team** members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3.	Express one's knowledge and opinions to team members involved in patient care **and population health improvement** with confidence, clarity, **and** respect, working to ensure common understanding of information, treatment, care decisions, **and population health programs and policies.**
CC4.	Listen actively, and encourage ideas and opinions of other team members.
CC5.	Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
CC6.	Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
CC7.	Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the **health** team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
CC8.	Communicate the importance of teamwork in patient-centered **care and population health programs and policies.**

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan, deliver, and evaluate** patient/population-centered care **and population health programs and policies** that **are** safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

Team and Teamwork Sub-competencies:

TT1.	Describe the process of team development and the roles and practices of effective teams.
TT2.	Develop consensus on the ethical principles to guide all aspects of **team work**.
TT3.	**Engage health and other professionals** in shared patient-centered **and population-focused** problem-solving.
TT4.	Integrate the knowledge and experience of **health and** other professions to inform **health and** care decisions, while respecting patient and community values and priorities/preferences for care.
TT5.	Apply leadership practices that support collaborative practice and team effectiveness.
TT6.	Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among **health and other** professionals and with patients**, families, and community members.**
TT7.	Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
TT8.	Reflect on individual and team performance for individual, as well as team, performance improvement.
TT9.	Use process improvement to increase effectiveness of interprofessional teamwork and team-based **services, programs, and policies.**
TT10.	Use available evidence to inform effective teamwork and team-based practices.
TT11.	Perform effectively on teams and in different team roles in a variety of settings.

Resources

Association of Schools and Programs of Public Health (ASPPH). 2015. *Population Health across All Professions Expert Panel Report.* Washington, DC: ASPPH. http://www.aspph.org/app/uploads/2015/02/PHaAP.pdf

Barzansky,B. and Etzel, S. Medical Schools in the United States, 2014-2015. JAMA. 2015; 314(22): 2426-2435.

Canadian Interprofessional Health Collaborative. 2010. A national interprofessional competency framework. www.cihc.ca/resources/publications

Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. Academic Medicine. 2013; 88: 1088–1094.

Interprofessional Education Collaborative Expert Panel. 2011. *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel.* Washington, DC: IPEC.

Interprofessional Professionalism Collaborators. 2016. *Interprofessional Professionalism Behaviors*. Alexandria, VA: Interprofessional Professionalism Collaborative. http://www.interprofessionalprofessionalism.org/

Institute of Medicine (IOM). 2013. *Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models Across the Continuum of Education to Practice: Workshop Summary.* Washington, DC: The National Academies Press.

Institute of Medicine (IOM). 2014. *Establishing Transdisciplinary Professionalism for Improving Health Outcomes: Workshop Summary.* Washington, DC: The National Academies Press.

Institute of Medicine (IOM). 2015. *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes.* Washington, DC: The National Academies Press.

Palatta A, Cook B, Anderson E, Valachovic R. 20 years beyond the crossroads: the path to interprofessional education at U.S. Dental schools. Journal of Dental Education. 2015; 79(8):982-996.

University of Toronto. 2008. *Advancing the interprofessional education curriculum*. Toronto, Canada: University of Toronto.

World Health Organization (WHO). 2010. Framework for action on interprofessional education & collaborative practice. Geneva, Switzerland: WHO.

Appendix

FOR IMMEDIATE RELEASE
Contact: Dr. Sherin Tooks
CODA
tookss@ada.org
December 15, 2014

Press Release: Formation of the Health Professions Accreditors Collaborative (HPAC), 2014

New Health Professions Accreditors Collaborative Forms to Stimulate Interprofessional Engagement

Chicago, IL, Washington, DC and Silver Spring, MD – In an effort to strengthen ties across the health professions and better serve the public good, several of the nation's leading accrediting agencies are pleased to announce the formation of Health Professions Accreditors Collaborative (HPAC). Members of HPAC include the:

- Accreditation Council for Pharmacy Education (ACPE)
- Commission on Collegiate Nursing Education (CCNE)
- Commission on Dental Accreditation (CODA)
- Commission on Osteopathic College Accreditation (COCA)
- Council on Education for Public Health (CEPH)
- Liaison Committee for Medical Education (LCME)

HPAC members are committed to discussing important developments in interprofessional education (IPE) and exploring opportunities to engage in collaborative projects. It is anticipated that as HPAC evolves and develops activities, additional members from other health care accreditation organizations would join. HPAC will communicate with stakeholders around issues in IPE with the common goal to better prepare students to engage in interprofessional collaborative practice. After reviewing each participating agency's accreditation standards regarding IPE, HPAC members agreed that the definition of IPE and competency domains for health profession students identified in the Interprofessional Education Collaborative (IPEC) report (https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf) are fundamental to educational programs in the health professions accredited by the HPAC members.

The participating agencies will meet regularly and host meetings on a rotating schedule. HPAC will respect the independence of accreditation standards, procedures, and decision-making of each participating accrediting agency.

About Members of the Health Professions Accreditors Collaborative (HPAC)

The **Accreditation Council for Pharmacy Education (ACPE)** is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is derived through the American Association of Colleges of Pharmacy (AACP), the American Pharmacists

Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education (ACE). To learn more about ACPE, visit www.acpe-accredit.org.

The **American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA)** serves as the accrediting agency for colleges of osteopathic medicine. The COCA reviews, evaluates, and takes final action on accreditation status, and communicates such action to appropriate state and federal education regulatory bodies. In addition, the COCA approves the standards, policies and procedures for college accreditation. The COCA reviews policy directions on predoctoral osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process. Learn more at www.osteopathic.org.

The **Commission on Collegiate Nursing Education (CCNE)** is an autonomous accrediting agency that ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate nursing education and post-baccalaureate nurse residency programs. Visit http://www.aacn.nche.edu/ccne-accreditation to learn more about CCNE.

The **Commission on Dental Accreditation (CODA)** is recognized by the United States Department of Education as the national accreditor for dental education programs, including predoctoral dental education programs, advanced dental education programs and allied dental education programs. The Commission functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process. It is structured to include an appropriate representation of the communities of interest. Learn more at www.ada.org/en/coda.

The **Council on Education for Public Health (CEPH)** is an independent agency recognized by the US Department of Education to accredit schools of public health and public health programs offered in settings other than schools of public health. These schools and programs prepare students for entry into careers in public health. The primary professional degree is the Master of Public Health (MPH) but other baccalaureate, masters and doctoral degrees are offered as well. Visit www.ceph.org for more information.

The **Liaison Committee on Medical Education (LCME)** accredits medical education programs leading to the MD degree in the United States and Canada. The LCME provides continuous quality improvement through its accreditation activities for medical education programs leading to the MD whose students are geographically located in the United States or Canada. Learn about LCME by visiting www.lcme.org.

###

FOR IMMEDIATE RELEASE
Contact: Shelley McKearney
February 22, 2016
smckearney@aacn.nche.edu
(202) 463-6930 ext. 269

Press Release: Institutional Members Join Interprofessional Education Collaborative (IPEC)

Interprofessional Education Collaborative Announces Expansion
Nine new members join organization dedicated to improving patient care

The Interprofessional Education Collaborative (IPEC) has approved nine additional members through a new institutional membership category, expanding its representation of associations of schools of the health professions to 15. Established in 2009 by six organizations committed to advancing interprofessional learning experiences and promoting team-based care, IPEC now includes the following national associations:

Founding members:

- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AACP)
- American Dental Education Association (ADEA)
- Association of American Medical Colleges (AAMC)
- Association of Schools and Programs of Public Health (ASPPH)

New institutional members:

- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)

“To actually deliver on the promise of interprofessional education and practice to improve health of individuals and populations as well as reduce health disparities, we have to ensure that this framework is central in the education of all health professionals,” said Harrison C. Spencer, MD, MPH, DTM&H, CPH, IPEC Board Chair and President and CEO, Association of Schools and Programs of Public Health. “Changing and making all health professional education more consistent can help set the stage for the health system of the future we want to create together.”

IPEC’s mission is to ensure that new and current health professionals are proficient in the competencies essential for patient-centered, community and population oriented, interprofessional, collaborative practice. Eligible institutional members must be associations that represent and serve

academic units at institutions of higher education that provide an educational program leading to the award of one or more academic degrees to students in one or more of the health professions that provide direct care to patients.

"Today marks a significant and growing commitment across the health professions in the United States to make collaborative, patient-centered care a reality," added Richard W. Valachovic, DMD, MPH, President of IPEC and President and CEO of the American Dental Education Association. "Including such a diverse and comprehensive group of new associations in IPEC's work brings us that much closer to success."