Interest in interprofessional continuing education has continued to grow over the past several decades. In the 1970s, the concept of continuing education was focused primarily on updating individual groups of health care professionals on knowledge and skills needed to keep them safe in their practice. Consistent with undergraduate and graduate educational programs, continuing education was profession specific and siloed. As care became more complex and new technologies emerged, looking at team-based care in order to improve outcomes became more important. With that shift began a gradual transition from entirely single-profession continuing education to the incorporation of interprofessional continuing education in relevant situations.

The Journal of Interprofessional Care was published beginning in 1992. This publication, initially known as Holistic Medicine, focuses on peer-reviewed articles addressing global innovations and research in interprofessional practice (Journal of Interprofessional Care, 2019). Institute of Medicine reports dating to 1999 have emphasized the need for better collaboration among health care providers, focusing on issues related to patient safety, quality of care, and teamwork (Institute of Medicine, 1999, 2001, 2003, 2015). In 2011, the Interprofessional Education Collaborative published core competencies for interprofessional collaborative practice, which were updated in 2016. Despite these reports, there are still fragmented approaches to continuing education in cases where interprofessional education would better meet needs of learners and patients.

The uniprofessional process of developing one activity for various professional groups involved meeting individual accreditation criteria, which often resulted in fragmented content that did not focus on teams, teamwork, and true interprofessional collaborative practice. To address that issue, the concept of joint accreditation for continuing education providers was first addressed in the late 1990s by three accrediting bodies: the American Nurses Credentialing Center, the Accreditation Council for Continuing Medical Education, and the Accreditation Council for Pharmacy Education. Over several years, key stakeholders worked to develop congruent terminology and criteria, enabling organizations to have one accreditation focused on the ability of health care providers from these three professions to learn from, with, and about each other. Outcomes related to system and/or patient care improvements are a key expectation of joint accreditation. The first two providers achieved joint accreditation in 2010. As of this writing, 84 organizations hold joint accreditation (http://jointaccreditation.org). Seven professions now participate in the joint accreditation process (nursing, medicine, pharmacy, physician assistant, optometry, psychology, and social work).

Today, interprofessional education is incorporated in undergraduate and graduate curricula, creating an opportunity and a strong incentive for us to continue this integration in the world of professional development. Certainly, there are situations where uniprofessional education and accreditation are and will continue to be warranted. However, in an increasingly complex health care environment, we must focus more than ever on improving teams and team practice. Our patients’ lives depend on it!

Note. Readers may access a collection of this and other 50th anniversary guest editorials, along with classic articles and American Nurses Association landmark statements, online for free during our 50th anniversary year, at https://www.healio.com/nursing/journals/jcen/50th-anniversary-collection.
REFERENCES