Protecting the Integrity of the Credential: What the IPU Standard Does — and Does Not — Change

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Recent coverage and conversation about CBIC's updated Infection Prevention Unit (IPU) requirements have raised fair questions from a community that cares deeply about the value of its credential and its education. We welcome that scrutiny, and we recognize that some of the discussion has understandably blurred what this update actually does with things it does not touch; including APIC itself. We want to be clear on both.

Why the standard exists

CBIC's credentials — the a-IPC™, CIC®, the LTC-CIP®, and the advanced AL-CIP™ — are a promise. To employers, to regulators, and above all to patients, they signal that the person holding them has demonstrated independent, verified competence in infection prevention. Continuing education is how that competence is maintained over time — which means the education behind the credential has to be free of commercial control.

This is not a novel idea, and it is not unique to infection prevention. Medicine and nursing have drawn this line for years. Under the Standards for Integrity and Independence in Accredited Continuing Education, enforced by the ACCME and ANCC, a company whose primary business is developing or marketing healthcare products may **fund** education, but may not **control** its content, and generally may not place its own employees in the teaching role for activities tied to its products. Industry support is welcome; industry control is not. Infection prevention should hold itself to no lesser standard than the professions it works alongside every day.

We also want to be candid about why this matters. The overwhelming majority of industry partners engage in good faith, and their support has strengthened this field for decades. But not everyone has honored the line. There have been sessions presented as education that were, in substance, a sales pitch — a vendor underwriting a talk to promote its own product to the very professionals whose credential is supposed to signify independent judgment. That is precisely the harm this standard exists to prevent. Good intentions alone, however genuine, are not a substitute for a clear, enforceable standard. The IPU update supports trust-based good faith with a clear, enforceable standard, so that the integrity of the credential never depends on who happened to be paying for the room.

What actually changed

The update governs one thing. When a commercial entity funds or sponsors a specific activity, develops or directs its content, or has its products promoted within it, that activity now follows the same independent-accreditation pathway that medicine and nursing already require. Each such activity is peer-reviewed and approved on its own merits. That is the change.

What did not change

Just as important is what this update leaves untouched — and here there has been real confusion worth correcting directly.

This is a CBIC recertification policy, not an APIC policy. It applies to how IPUs are earned for recertification CBIC credentials. It makes no structural change at APIC, and it does not alter how APIC engages with, supports, or represents the professionals in our field who work in industry roles.

APIC chapters retain their exemption and their control. Chapter conferences, webinars, and educational activities continue to award IPUs when the chapter selects the speaker and controls the content, exactly as before. There is one narrow point of consistency with the principle above: if a single vendor sponsors a session; for example, buys the lunch and then presents on its own product, that particular presentation does not earn IPUs. Legitimate, chapter-controlled education is entirely unaffected. Additionally, if an industry-employed IP wishes to present on a topic that does not touch on their employer's products, then that session could receive IPUs. Both of us have personally attended a number of these chapter events and have been consistently impressed by both the quality of the presenters and the level of engagement from attendees in the room.

The APIC Chapter Conferences are unaffected. IPUs at APIC Chapter conferences are earned on a per-day basis for attendance. Attendees earn 5 IPUs for attending a single-day conference and 10 IPUs for attending a multi-day conference. Chapter leadership should still ensure that attendees receive a letter or certification of attendance. The presence of an industry session within the program does not change the units an attendee earns for the day.

APIC's strategic partner program is unchanged. This update does not modify APIC's strategic partnerships or the many ways industry contributes to advancing the field.

Industry-employed infection preventionists retain their full standing. No changes has been made to how industry employed IPs engage as members of APIC. They remain valued APIC members and CBIC certificants. They continue to earn IPUs through independently developed education unrelated to their employer's products, and they remain welcome to teach, present, and participate across APIC and its chapters. The one narrow limit is this: an industry-employed IP may not serve as the credited speaker for a session their employer funds or sponsors, that promotes their employer's products, or in which

they present in a representative capacity. This is the identical approach any accredited CME or CNE provider already applies. Commercial control of credentialed education is the only thing this standard addresses.

So what does it cost a company to get a session credited?

The cost is often more modest than some of the recent conversation has suggested. The five-figure number people cite is the cost of becoming a full accredited provider through ACCME or ANCC, which the standard does not require. To have a single independent session credited, a company routes it through an existing accredited approver, and that activity-level approval typically runs a few hundred dollars (none of which is payable to APIC or CBIC), sometimes covering repeated delivery of the same session. For any organization with the budget to sponsor education in the first place, this is not a significant financial barrier.

There is a more important point, if a session exists to promote or sell a product, it does not qualify for IPUs; at any price, through any pathway. The accreditation route is open only to genuine, independent education whose content answers to the science.

This does not change accessible, low-cost pathways to earning IPUs

We also want to speak directly to a concern raised in the broader conversation: whether this update makes continuing education harder to reach, particularly for certificants outside the United States or in lower-resource settings. We understand why that concern surfaces, and we want to be candid: this standard does not reduce the many low-cost, no-travel pathways already available to certificants — and we would not support a change that did.

Additionally, some have asked the question that if vendors must meet the new requirements, will IPs need to pay more for education they rely on. The answer is free education remains free, and no one pays more for the education they need to recertify. The only new cost falls where it belongs, which is on a commercial interest that wants both to fund education and to control it.

The bottom line

A trusted credential and a vibrant role for industry in supporting infection prevention are not in tension; they depend on each other. Industry can, and should, continue to fund and support the education this field relies on. The IPU standard simply ensures that when that education carries the weight of a credential, its content answers to the science and to the profession.

We are glad to answer questions directly. CBIC has published FAQs and guidance on the IPU requirements, and Jessica Dangles is available as a resource at jdangles@cbic.org for anyone who wants to understand how the standard applies to a specific activity.