



Department of Healthcare Professions

CPD Activity Application Form for Accreditation

Category 1 – Group Learning

Category 3 – Direct Observation Assessment Instruments

(Live, face-to-face conferences, symposia, seminar and/or workshop)

Group learning is an important professional development activity for healthcare practitioners practicing in the State of Qatar. Group learning provides an opportunity to confirm or expand areas of knowledge or practice management, to identify potential new therapies or approaches for practice, and to share practice issues or experiences with peers. Group Learning has been included within Category 1 – Group Learning of the Department of Healthcare Professions – Accreditation Section (DHP-AS) CPD Framework.

Before you begin

It is important that you review the DHP-ASCPD Activity Accreditation Standards before you complete this form.

Instructions

1. Please refer to the DHP-AS CPD Activity Accreditation Standards as you complete this application form and prepare the required attachments.
2. Use this form to request Category 1 credits for any live, face-to-face conference, symposia, seminar and/or workshop.
3. Complete this form and submit electronically to the Department of Healthcare Professions – Accreditation Section (DHP-AS)
4. Please keep a copy of the completed application form for your records.
5. Please ensure that you provide us with the most up-to-date contact information for your organization so that we may contact you once we have completed our review.

Additional Considerations

1. Accredited conferences, symposia, seminars and workshops in Category 1 are approved for a maximum of one year from the start date of the activity (for example from the first day of the conference, symposia, seminar and/or workshop).
2. Accreditation for conferences, symposia, seminars and workshops may not be granted retroactively.
3. A certificate of participation or written confirmation signed by the chair of the scientific planning committee must be issued for all accredited group learning activities. The certificate of participation must specify the following elements:
 - The title and code of the activity.
 - The name and code of the organization(s) that developed the activity.
 - The date(s) the activity took place.
 - The location of the activity (i.e. city, country, web address).
 - The total number of hours the activity is accredited for.
 - The number of hours the registrant attended the activity.
 - The applicable accreditation statement.
 - The logo of the DHP-AS.
 - The logo of the organization(s) that developed the activity.
4. The organization that developed the conference, symposium, seminar or workshop is responsible for determining the actual number of hours that each learner is eligible to record for credit.
5. The organization that developed the conference, symposium, seminar or workshop is responsible for maintaining all records (including attendance records) for a 6-year period.

PART A: Administrative Standards

(to complete this section, refer to Part A: Administrative Standards CSSW Administrative Standard 1.1-1.3)

1. Activity Title:			
2. Activity Type:	<input type="checkbox"/> live, face-to-face conference <input type="checkbox"/> live, face-to-facesymposia <input type="checkbox"/> live, face-to-faceseminar <input checked="" type="checkbox"/> live, face-to-faceworkshop		
3. Application Date :		4. Activity dates:	

5. Name of organization requesting accreditation:	Hamad Medical Corporation, Anesthesia Department		
6. Organization type (check one):	<input type="checkbox"/> Governmental healthcare professional academic institution <input type="checkbox"/> Non-governmental healthcare professional academic institution <input type="checkbox"/> Governmental healthcare facility <input type="checkbox"/> Non-governmental healthcare facility <input type="checkbox"/> Other healthcare professional organization If you have selected "other healthcare professional organization" please provide a brief description of the organization including the organization's mission, governance structure and indicate whether the organization is "for-profit".		
7. Name of Primary Contact for organization applying for accreditation:		8. Email:	
9. Phone number:		10. Address:	

11. Intended target audience of the activity (please check all that apply):	<input type="checkbox"/> Allied health professionals <input type="checkbox"/> Complementary medicine <input type="checkbox"/> Dentists <input type="checkbox"/> Nurses <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physicians <input type="checkbox"/> Other (please list):	12. How many times will this activity be held within the next 12 months?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
13. Approximate number of anticipated participants:		14. Has this program been accredited by another accrediting body?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
15. Please describe the process by which the organization will determine the <i>actual</i> amount of hours each participant will be eligible to record for credit.			

16. Please describe the process by which the organization will distribute certificates of participation to all participants.	
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PART A: Administrative Standards
(to complete this section, refer to Part A: Administrative Standards CSSW Administrative Standard 1.1-1.3)

Scientific Planning Committee

The scientific planning committee (SPC) is ultimately responsible for the following program elements:

- Identifying the educational (learning) needs of the target audience.
- Developing the educational objectives based on the identified learning needs.
- Selecting the educational methods best suited to address the learning needs.
- Selecting the individuals who will serve as facilitators/speakers.
- Developing the content or evidence.
- Evaluating the outcomes of the activity.

17. Please list all members of the SPC in the table below. If you have this information already available electronically, please include as an attachment.

Should you require more space, please attach a new page.

Name of the chair of the scientific planning committee	How does this person represent target audience?	Contact information of the chair of the scientific planning committee

Name of SPC member	How does this person represent target audience?	Individual's role on the planning committee

PART B: Educational Standards

(to complete this section, refer to Part B: Educational Standards CSSW Educational Standard 1.1-1.5)

Needs Assessment	
<p>1. What needs assessment strategies were used to identify the gaps in knowledge, attitudes, skills or performance of the CPD activity's target audience?</p> <p>Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessments of knowledge, competence or performance of potential participants.</p>	
<p>2. What learning needs or gaps in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?</p>	
Learning Objectives and Interactivity	
<p>3. How were the learning needs or gaps in knowledge, attitudes, skills or performance of the intended target audience accounted for in the development of the overall and session-specific learning objectives?</p> <p>For example, did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives? Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?</p>	
<p>4. What learning methods have been selected to promote interactive learning?</p> <p>Examples might include: group discussions, case studies, question and answer periods etc.</p>	
Evaluation	
<p>5. How will the overall group learning activity and individual sessions be evaluated?</p>	
<p>6. Does the evaluation strategy intend to measure changes in knowledge, skills or attitudes?</p>	
<p>7. Does the evaluation strategy intend to measure improved performance? If yes, please describe.</p>	
<p>8. Does the evaluation strategy intend to measure improved healthcare outcomes? If yes, please describe.</p>	
<p>9. Will participants receive feedback related to their learning? If yes, please describe.</p>	

PART B: Educational Standards for Category 3 – Direct Observation Assessment Instruments

(to complete this section, refer to DOAI Educational Standard 1.1-1.4)

Addressing competencies	
1. Describe the competency areas this direct observation assessment instrument was designed to assess?	
2. How did the planning group ensure that the selected performance measures are: <ul style="list-style-type: none"> • relevant to the intended target audience • are performed by healthcare practitioners • where applicable, relevant to the clinical outcomes of patients. 	
3. What measures of performance were selected to compare participants' performance?	
Purpose	
4. Describe the intended purpose of the direct observation assessment activity?	
5. How is the intended purpose of the direct observation assessment activity communicated to participants?	
6. Describe how the direct observation assessment process will unfold.	
Feedback	
7. How will participants receive feedback and/or a detailed summary of their performance in comparison to the selected measures of performance?	
8. Are participants provided with tools to structure their reflection on the outcomes of the assessment? If yes, please describe.	
Evaluation	
9. How will the direct observation assessment process be evaluated?	
10. Is there intent to measure whether participants improved their performance in the future? If yes, please describe.	

PART C: Ethical Standards

(to complete this section, refer to Part C: DHP-AS Ethical Standard for Accredited CPD Activities)

1. A) Has the CPD activity been sponsored by one or more sponsors?

☐ Yes ☐ No

If yes, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support. Should you require more space, please attach a new page.

Sponsor Name	Sponsorship Type		
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind
	<input type="checkbox"/> Financial	<input type="checkbox"/> In-kind	<input type="checkbox"/> Both Financial and in-kind

1. B) If sponsorship has been received for this activity, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor?

☐ Yes ☐ No

If yes, please attach

Independence and Content Development	
<p>2. What process was followed to select the topics, content and speakers for this activity?</p> <p>Include a description of how the scientific planning committee maintained control over the selection of topics, content, and speakers.</p>	
<p>3. How were those responsible for developing or delivering content informed:</p> <ul style="list-style-type: none"> About the identified needs of the target audience? That content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area? About the activity learning objectives? That the description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding? 	
<p>4. All DHP-accredited CPD activities must comply with the <i>DHP-AS Ethical Standards for Accredited CPD Activities</i>.</p> <p>If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?</p>	

PART C: Ethical Standards (cont'd)

(to complete this section, refer to Part C: DHP-AS Ethical Standard for Accredited CPD Activities)

Conflict of Interest	
<p>5. How are the speakers', authors', moderators', facilitators' and/or authors' conflicts of interest information collected and disclosed to the scientific planning committee?</p> <p>To the participants attending the CPD activity?</p>	
<p>6. How are the scientific planning committee member's conflict of interest declarations collected and disclosed to the CPD provider organization?</p> <p>To the participants attending the CPD activity?</p>	
<p>7. If a conflict of interest is identified, what are the scientific planning committee's methods(s) to manage the conflict?</p>	
Receiving Financial and In-kind Support	
<p>8. How are payments of travel, lodging, out-of-pocket expenses, and honoraria provided to members of the SPC, speakers, moderators, facilitators and/or authors?</p> <p>If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments?</p>	
<p>9. How has the CPD provider organization ensured that their interactions with sponsors have met applicable professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?</p>	
Managing Commercial Promotion	
<p>10. How has the CPD provider organization ensured that product specific advertising, promotional materials or other branding strategies have not been included in any educational materials, slides, abstracts, handouts, agendas or webpages?</p>	
<p>11. What arrangements were used to separate commercial exhibits from the locations where the educational activities were being delivered?</p>	

12. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the CPD provider organization?	
Unaccredited CPD Activities	
13. What strategies were used to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled?	
14. How did the CPD provider organization separate the listing of unaccredited CPD activities from accredited CPD activities?	

PART D: Required Attachments

Please include the following attachments with your application.

Attachment 1	The preliminary program/brochure or other material used to promote the CPD activity (if applicable) including activity schedule, presenters, and learning objectives for the overall activity and individual sessions.
Attachment 2	The final program including activity schedule, presenters, and learning objectives for the overall activity and individual sessions.
Attachment 3	Any other materials used to promote or advertise the activity (if applicable).
Attachment 4	The completed conflict of interest form for every member of the SPC, all speakers, all authors and/or all facilitators. Also include documentation that demonstrates the process for the collection, management, and disclosure of conflicts of interests
Attachment 5	The (summarized) needs assessment results.
Attachment 6	The template evaluation form(s) developed for this activity.
Attachment 7	The budget for the activity that details the receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support.
Attachment 8	The template certificate of participation that will be provided to participants.
Attachment 9	The sponsorship/exhibitor prospectus developed for the activity to solicit sponsorship/exhibitors (if applicable).
Attachment 10	A sample of the written agreement that outlines the terms, conditions, and purposes by which sponsorship has been proved by the sponsor to the CPD provider organization.
@Attachment 11	Sample of content (sample presentation, print-outs, materials distributed, etc)

PART E: Attestation

Before the Department of Healthcare Professions – Accreditation Section (DHP-AS) will move forward with the accreditation process for your organization, your intention to fully understand, and commitment to abide by, the Department of Healthcare Professions – Accreditation Section (DHP-AS) expectations must be confirmed.

Please read each of the following confirmation statements carefully and use an X as your attestation.

1. We understand and attest that our organization's activities adhere to the DHP-AS's definition of CPD.
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2. We understand and attest that by virtue of submitting an application for accreditation our organization agrees to follow the CPD Accreditation Standards: Category 1 Group Learning Activities of the DHP.☐
3. We understand and attest that all the materials submitted to the DHP in any format will not contain any untrue statements, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation.☐
4. We understand and attest that DHP policies and procedures prohibit the provider from submitting to the Department of Healthcare Professions – Accreditation Section (DHP-AS), any individually identifiable health information.☐
5. We understand and attest that our organization will not be eligible for DHP accreditation if we present activities that promote recommendations, treatment or manners of practicing medicine that are:
 - a) Known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.☐
 - b) Devoted to advocacy of unscientific modalities of diagnosis or therapy. ☐
6. We understand and attest that our organization must ensure that every repetition of the activity is done in accordance with the program's description as outlined in the original application materials.
☐

Organization name ("the applicant"):

Name of CEO (or equivalent):

Date:

Name of CPD Coordinator(s) (or equivalent):

Signature of CPD Coordinator(s):

Date: