**Department of Healthcare Professions**

**CPD Activity Application Form for Accreditation**

**Category 1 – Group Learning. Hamad Medical Corporation.**

(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)

**Before you begin**

It is important that you review the DHP-AS CPD 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. Submit to your relevant HCP lead in WORD format only along with all the requested attachments (see back page)
4. Please keep a copy of the completed application form for your records.

**Additional Considerations**

1. Activities 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 **may not be granted retroactively**.
3. A certificate of participation (conforming to our template) 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.
1. The Scientific Planning Committeee (SPC) developing the conference, symposium, seminar or workshop is responsible for determining the actual number of hours that each learner is eligible to record for credit.
2. The SPC 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:
 |       |
| 1. Activity Type:
 | [ ]  live, face-to-face conference[ ]  live, face-to-face symposia[ ]  live, face-to-face seminar[ ]  live, face-to-face workshop |
| 1. Application Date :

(mm/dd/yyyy) |       | 1. Activity dates:

(mm/dd/yyyy - mm/dd/yyyy) |       |

|  |  |
| --- | --- |
| 1. Name of organization requesting accreditation:
 |       |
| 1. Organization type (check one):
 | [ ]  Governmental healthcare professional academic institution[ ]  Non-governmental healthcare professional academic institution[ ]  Governmental healthcare facility[ ]  Other healthcare professional organization |
| 1. Name of Primary Contact for organization applying for accreditation:
 |       | 1. Email:
 |       |
| 1. Phone number:
 |       | 1. Address:
 |       |

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| 1. Intended target audience of the activity (please check all that apply):
 | [ ]  Allied health professionals[ ]  Complementary medicine[ ]  Dentists[ ]  Nurses[ ]  Pharmacists[ ]  Physicians[ ]  Other (please list): | 1. How many times will this activity be held within the next 12 months?
 | [ ]  1 [ ]  2 [ ]  3 [ ]  4+ |
| 1. Approximate number of anticipated participants:
 |       | 1. Has this program been accredited by another accrediting body?
 | [ ] No[ ] YesIf yes, please describe:      |
| 1. Please describe the process by which you will determine the ***actual*** amount of hours each participant will be eligible to record for credit.(e.g. sign in & out registers)
 |       |
| 1. Please describe the process by which you will distribute certificates of participation to all participants.
 |       |

**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.
1. 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** |
|  |  |  |

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| --- | --- | --- |
| **Name of SPC member** | **How does this person represent target audience?** | **Individual’s role on the planning committee** |
| *Example: Jane Smythe,* | *Nurse* | *Member* |
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**PART B: Educational Standards**

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

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| **Needs Assessment** |
| 1. What needs assessment strategies were used to identify the gaps in knowledge, attitudes, skills or performance of your target audience?

**Examples** might include: surveys of potential participants, literature reviews, healthcare data, and assessments of knowledge, competence or performance of potential participants. |       |
| 1. What learning needs or gaps in knowledge, attitudes, skills or performance of the intended target audience did you identify for this activity?
 |       |
| **Learning Objectives and Interactivity** |
| 1. 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?

**For example**, did the SPC share the needs assessment results with the speakers who are developing the learning objectives? Did the SPC usee the needs assessment results to define the learning objectives for the speakers? |       |
| 1. What learning methods have been selected to promote interactive learning?

**Examples** might include: group discussions, case studies, question and answer periods etc. |       |
| **Evaluation** |
| 1. How will the overall group learning activity and individual sessions be evaluated?
 |       |
| 1. Does the evaluation strategy intend to measure changes in knowledge, skills or attitudes?
 |       |
| 1. Does the evaluation strategy intend to measure improved performance? If yes, please describe.
 |       |
| 1. Does the evaluation strategy intend to measure improved healthcare outcomes? If yes, please describe.
 |       |
| 1. Will participants receive feedback related to their learning? 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** |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |
|  | [ ]  Financial [ ]  In-kind [ ]  Both Financial and in-kind |

1. B) If sponsorship has been received for this activity, you must document the terms, conditions and purposes by which sponsorship is provided in a written agreement, signed by the SPC and the sponsor? Is that attached? **(we will not review without it)**

[ ]  Yes [ ]  No

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| **Independence and Content Development** |
| 1. What process was followed to select the topics, content and speakers for this activity?

Include a description of how the SPC maintained control over the selection of topics, content, and speakers. |       |
| 1. How were those responsible for developing or delivering content (speakers/ moderators) informed:
* 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?
 |       |
| 1. All DHP-accredited CPD activities must comply with DHP-AS *Ethical Standards for Accredited CPD Activities.*

If the SPC 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?** |       |

**PART C: Ethical Standards (cont’d)**

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

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| **Conflict of Interest** |
| 1. How are the speakers’, authors’, moderators’, facilitators’ and/or authors’ conflicts of interest information **collected and disclosed to the scientific planning committee?**

**To the participants attending the CPD activity?**  |       |
| 1. How are the **SPC member’s conflict of interest declarations collected and disclosed to the CPD provider organization**?

**To the participants attending the CPD activity**? |  |
| 1. **If** a conflict of interest is identified, what are the SPC methods(s) to manage the conflict?
 |       |
| **Receiving Financial and In-kind Support** |
| 1. How are payments of travel, lodging, out-of-pocket expenses, and honoraria provided to members of the SPC, speakers, moderators, facilitators and/or authors?

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?   |            |
| 1. How have you ensured that your interactions with sponsors meet HMC and DHP professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?
 |       |
| **Managing Commercial Promotion** |
| 1. How do you ensure that product specific advertising, promotional materials or other branding strategies have not been included in **any educational materials, slides, abstracts, handouts, agendas or webpages?**
 |       |
| 1. What are your arrangements to separate commercial exhibits (e.g. company stands) from rooms where educational activities are being delivered?
 |       |
| 1. If gifts/incentives are provided to CPD activity participants how have you reviewed and approved these?
 |       |
| **Unaccredited CPD Activities** |
| 1. How will you prevent the scheduling of unaccredited CPD activities (e.g. sponsored symposia) occurring at the same time and/ or location as accredited activities?
 |       |
| 1. How will you separate the listing of unaccredited activities from accredited CPD activities? Example; entirely separate listing
 |       |

**PART D: Required Attachments**

**You must include the following attachments with your application**.

**We are unable to process applications without all the attachments.**

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| **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 SPC member, all speakers, authors. Moderators and facilitators**. You must email the form to overseas speakers and request they sign and scan it back to you.  |
| **Attachment 5** | The (summarized) **needs assessment** results. |
| **Attachment 6** | The **evaluation form(s)** developed for this activity. This ust include learning objectives and a question about perceived bias or COI. |
| **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** | Any **sponsorship/exhibitor prospectus** developed to solicit sponsorship/exhibitors  |
| **Attachment 9** | A copy of the **written sponsorship agreement** that outlines the terms, conditions, and purposes by which sponsorship has been proved by the sponsor to the CPD provider organization.We can provide a template  |
| **Attachment 10** | Sample of **actual content** (a sample presentation, print-outs, as appropriate) |
|  | **You do not need to format a certificate. We will send an approved template when an activity is approved**  |

**PART E: Attestation**

Before the DHP-Accreditation Section 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. [ ]
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:
6. Known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. [ ]
7. Devoted to advocacy of unscientific modalities of diagnosis or therapy. [ ]
8. 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):

Signature:

Date:

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

Signature of CPD Coordinator(s):

Date: