**Qatar Council for Healthcare Practitioners**

CPD Activity Application Form for Accreditation

Category 1 – On-line Synchronous and Blended Group Learning

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 Qatar Council for Healthcare Practitioners – Accreditation Department (QCHP-AD) CPD Framework.

**Before you begin**

It is important that you review the QCHP-AD CPD Activity Accreditation Standards before you complete this form.

**Instructions**

1. Please refer to the QCHP-AD 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 on-line synchronous and blended group learning
3. Complete this form and submit electronically to the Qatar Council for Healthcare Practitioners – Accreditation Department (QCHP-AD).
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 on-line synchronous or blended group learning 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 the material is available to learners).
2. Accreditation of on-line synchronous or blended group learning activities 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-based).
* The total number of hours the activity is accredited for.
* The number of hours the learner attended the activity.
* The applicable accreditation statement.
* The logo of the QCHP-AD.
* The logo of the organization(s) that developed the activity.

1. The organization that developed the on-line synchronous or blended group learning activity is responsible to determine the actual number of hours that each learner is eligible to record for credit.
2. The organization that developed the on-line synchronous and blended group learning 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 OSBGL Administrative Standard 1.1-1.3)*

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| --- | --- | --- | --- |
| 1. Activity Title: |  | | |
| 1. Activity Type: | on-line synchronous group learning activity  blended group learning activity | | |
| 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  Non-governmental healthcare facility  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”. | | |
| 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  Yes  If yes, please describe: |
| 1. Please describe the process by which the organization will determine the *actual* amount of hours each participant will be eligible to record for credit. | | |  | |
| 1. Please describe the process by which the organization will distribute certificates of participation to all participants. | | |  | |

**PART A: Administrative Standards**

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

**Scientific Planning Committee**

The 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** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **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 OSBGL 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 the CPD activity’s 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 the scientific planning committee 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 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? |  |
| 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: QCHP-AD Ethical Standards 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, 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** | |
| 1. What process was followed to select the topics, content and speakers for this activity?   Include a description of how the scientific planning committee maintained control over the selection of topics, content, and speakers. |  |
| 1. How were those responsible for developing or delivering content 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 QCHP-accredited CPD activities must comply with the *QCHP-AD Ethical Standards for Accreditation CPD Activities.*   If the scientific planning committee identifies that the content of the CPD activity does not comply with the Standard, 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: QCHP-AD Ethical Standards 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 scientific planning committee 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 scientific planning committee’s 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 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? |  | |
| **Managing Commercial Promotion** | | |
| 1. 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? |  | |
| 1. What arrangements were used to separate commercial exhibits from the locations where the educational activities were being delivered? |  | |
| 1. 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** | | | |
| 1. What strategies were used to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled? | | |  |
| 1. 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.

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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 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 interest. |
| **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** | The **web-address** where the on-line component of the program can be accessed. Also include and login information (as applicable) |

**PART E: Attestation**

Before the QCHP-Accreditation Department will move forward with the accreditation process for your organization, your intention to fully understand, and commitment to abide by, the QCHP-Accreditation Department’s 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 QCHP-AD’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 QCHP.
3. We understand and attest that all the materials submitted to the QCHP 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 QCHP policies and procedures prohibit the provider from submitting to the QCHP-Accreditation Department, any individually identifiable health information.
5. We understand and attest that our organization will not be eligible for QCHP 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: