**Department of Healthcare Professions**

CPD Activity Application Form for Accreditation

Category 3 – Simulation Activities

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

The DHP-AS CPD Framework values the role of simulation as an innovative formative assessment strategy for the continuing professional development of healthcare practitioners.

**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 3 credits for Simulation Activities.
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 simulation activities are approved for a maximum of three years from the start date of the activity.
2. Accreditation of simulation 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 assessment activities. The certificate of participation must specify the following elements:

* The title and code of the simulation activity.
* The name and code of the organization(s) that developed the simulation activity.
* The date(s) the simulation activity took place.
* The location of the simulation activity (i.e. city, country, web-based).
* The total number of hours the simulation activity is accredited for.
* The number of hours the learner participated in the simulation activity.
* The applicable accreditation statement.
* The logo of the DHP-AS.
* The logo of the organization(s) that developed the simulation activity.

1. The organization that developed the simulation activity is responsible for determining the actual number of hours that each learner is eligible to record for credit.
2. The organization that developed the simulation activity is responsible for maintaining all records (including participation records) for a 6-year period.

**PART A: Administrative Standards**

*(to complete this section, refer to SA Administrative Standard 1.1-1.3)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Activity Title: | | |  | | | | | | |
| 1. Activity Type: | | | live, face-to-face simulation activity  web-based simulation 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: | |  |
| 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. If offered live, face-to-face how many times will this activity be held within the next 36 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 (cont’d)**

*(to complete this section, refer to SA 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.
* Identifying the relevant competency areas that will be assessed.
* Developing the educational objectives based on the identified learning needs.
* Selecting the technology that will be used in the assessment.
* Developing the content or evidence.
* Determining how feedback will be provided to participants.
* 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 SA Educational Standard 1.1-1.5)*

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| --- | --- |
| **Needs Assessment** | |
| 1. What needs assessment strategies were used to identify the areas for assessment of:  * competence or * performance or * the degree that competence and performance varies across healthcare practitioners or * where there is variation in the quality of care experienced by patients?   Examples might include: participant surveys, focus groups, review of evaluation forms; literature reviews; formal assessments of knowledge, competence, performance or quality of care provided to patients |  |
| 1. What areas of competence or performance does the program intend to address? |  |
| **Learning Objectives** | |
| 1. How were the identified areas of competence or performance used in the development of the simulation activity’s learning objectives (if applicable)?   For example, did the scientific planning committee share the needs assessment results with the individuals who are responsible for developing the learning objectives? Did the scientific planning committee use the needs assessment results to define the learning objectives for these individuals? |  |
| **Assessment** | |
| 1. What abilities, skills, clinical judgment or attitudes are assessed by this simulation activity? |  |
| 1. What scientific evidence base was selected to develop the simulation activity?   For example: clinical practice guideline, meta-analysis, systematic review |  |
| 1. What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes?   For example: Role playing, standardized patients, theatre-based simulation, task trainers, virtual patients. |  |
| 1. How is participation within each component of the simulation activity organized?   For example: Are simulation scenarios done in teams? Individually? Do participants rotate through multiple stations? How are assessors organized and assigned to the scenario? |  |
| **Feedback** | |
| 1. [For online simulation activities] How will participants provide responses to on-line simulation scenarios?   For example through an on-line response sheet or other web based assessment tools. |  |
| 1. How will participants receive feedback after completing the scenario?   Is feedback provided verbal or written?  Immediate or delayed? |  |
| 1. Does the simulation activity provide participants with references justifying the appropriate answer or approach to the simulation scenario?   How are these references provided to participants? |  |
| **Evaluation** | |
| 1. How will the simulation activity 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. |  |

**PART C: Ethical Standards**

*(to complete this section, refer to Part C: DHP-AS 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/authors for this activity?   Include a description of how the scientific planning committee maintained control over the selection of topics, content, and speakers/authors. |  |
| 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 DHP-accredited CPD activities must comply with the *DHP-AS Ethical Standards for Accredited CPD Activities.*   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? |  |

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

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

|  |  |
| --- | --- |
| **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/authors, and learning objectives for the overall activity and individual sessions. |
| **Attachment 2** | The **final** **program** including activity schedule, presenters/authors, 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 provided by the sponsor to the CPD provider organization. |
| **Attachment 11** | [For online simulation activities] The **assessment form/tool** used by participants to provide responses to on-line simulation scenarios? (Alternatively, provide URL and access/login details). |
| **Attachment 12** | The **scoring/assessment tool** used by facilitators to assess participants’ performance. |
| **Attachment 13** | The **feedback form** or a sample of another method used to provide feedback to participants on their performance. |
| **Attachment 14** | Sample of **content** (sample presentation, print-outs, materials distributed, etc) |

**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 DHP-Accreditation Section’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 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 3 Assessment 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 DHP-Accreditation Section, 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: