**Department of Healthcare Professions – Accreditation Section**

CPD Activity Application Form for Accreditation

Category 3 – Clinical Audit Activities

Clinical audit activities provide a process for data collection and provision of feedback to individual healthcare practitioners, groups of healthcare practitioners or inter-professional healthcare teams related to how their performance aligns with established practice standards. Clinical audit activities measure current performance against established measures and the feedback provided facilitates the identification of areas where performance meets or exceeds expectations and areas where improvement is either desirable or helpful to improve the outcomes for patients.

The DHP-AS CPD Framework values the role of clinical audit as a 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 Clinical Audit Activities.
3. Complete this form and submit electronically to Department of Healthcare Professions – Accreditation Section (DHP-AS).
4. Please email a copy of your completed application form and all attachments to EMAIL ADDRESS.
5. Please keep a copy of the completed application form for your records.
6. 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 clinical audit activities are approved for a maximum of three years from the start date of the activity.
2. Accreditation of clinical audit activities may not be granted retroactively.
3. A certificate of completion or written confirmation of completion must be issued for all assessment activities. The certificate of completion must specify the following elements:

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

1. The organization that developed the clinical audit 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 clinical audit 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 CAA Administrative Standard 1.1-1.3)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Activity Title: | | |  | | | | | | |
| 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. 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 completion to all participants. | | | | | |  | | | |
| 1. How many hours is it estimated to take the average learner to complete the clinical audit? | | | | | |  | | | |

**PART A: Administrative Standards**

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

**Clinical audit committee**

The clinical audit committee is responsible for the following elements:

* Defining the purpose of the clinical audit activity
* Identifying the relevant competency areas that will be assessed.
* Identifying the measure(s) that will be used to assess competence or performance
* Selecting the data collection tools.
* Determining the number of patient encounters that will be included.
* Determining how feedback will be provided to participants.
* Evaluating the outcomes of the activity.

1. Please list all members of the clinical audit committee 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 clinical audit committee:** | **How does this person represent target audience?** | **Contact information of the chair of the clinical audit committee:** |
|  |  |  |

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

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

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| **Addressing competencies** | |
| 1. Describe the competency areas this clinical audit activity was designed to assess. |  |
| 1. How did the clinical audit committee ensure that the selected performance measures were:  * relevant to the intended target audience * in direct control of healthcare practitioners * where applicable, relevant to the clinical outcomes of patients. |  |
| 1. What measures of performance or standard of care were selected to compare participants’ performance? |  |
| **Purpose** | |
| 1. Describe the intended purpose of the clinical audit activity. |  |
| 1. How is the defined purpose of the clinical audit activity communicated to participants? |  |
| 1. Describe how the clinical audit process will unfold. |  |
| **Feedback** | |
| 1. How will participants receive feedback and/or a detailed summary of their performance in comparison with the selected measures or standard of care? |  |
| 1. Are participants provided with tools to structure their reflection on the outcomes of the assessment? If yes, please describe. |  |
| **Evaluation** | |
| 1. How will the clinical audit process be evaluated? |  |
| 1. Is there intent to measure whether participants improved their performance in the future? If yes, please describe. |  |
| 1. Is there intent to measure if the clinical audit resulted in 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 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)*

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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? |  |

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

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

|  |  |
| --- | --- |
| **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.

|  |  |
| --- | --- |
| **Attachment 1** | Any **materials** used to promote or advertise the clinical audit activity (if applicable). |
| **Attachment 2** | **Materials used to invite individuals to participate** in the clinical audit activity. For example, a letter from the planning group that outlines the purpose of the assessment and describes the performance areas to be assessed by activity. |
| **Attachment 3** | The **completed conflict of interest form** for every member of the SPC, and/or all facilitators. Also include documentation that demonstrates the process for the collection, management, and disclosure of conflicts of interests |
| **Attachment 4** | The template **evaluation form(s)** developed for this activity. |
| **Attachment 5** | 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 6** | The template **certificate of completion** that will be provided to participants. |
| **Attachment 7** | The **sponsorship/exhibitor prospectus** developed for the activity to solicit sponsorship/exhibitors (if applicable). |
| **Attachment 8** | 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 9** | The **assessment tool(s)** used to measure participants’ performance against established standards. |
| **Attachment 10** | The **feedback form** or a sample of another method used to provide feedback to participants on their performance. |
| **Attachment 11** | The **reflection tool** provided to participants (if applicable). |

**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: