

Guidebook for Planning, Developing and Delivering CPD Activities at Hamad Medical Corporation



INTRODUCTION

Hamad Medical Corporation (HMC) Continuous Professional Development (CPD) program, Hamad CPD, is a multi-professional body within HMC, supporting Departments, Programs, and Faculty with the planning, development and delivery of high quality, effective educational activities, in line with Qatar Council for Health Care Practitioners (DHP) standards. HMC is a DHP Accredited Provider and Hamad CPD is responsible for approval of HMCs educational activities against DHP standards.

Hamad CPD is committed to a process for reviewing and accrediting CPD activities, consistently applied to all programs and that all accredited programs comply with DHP standards. We have implemented a transparent and reliable process for activity accreditation and assignment of credits.

We can help you create high quality learning opportunities for healthcare professionals (HCP), aiding education contributors in providing learning opportunities to advance CPD optimize health outcomes. We support lifelong learning for health professionals within HMC and in Qatar, including competency-based education.

An extract from our mission statement is below:

“The mission of Hamad Medical Corporation - Continuing Professional Development (Hamad-CPD) Program is to develop, implement and evaluate evidence-informed professional development and scholarly activities that meet the educational needs of healthcare practitioners while supporting the mission and vision of the Corporation to provide the safest, most effective, and most compassionate patient care to the citizens and residents of Qatar.

Hamad-CPD Program embeds five core competencies

- incorporating the knowledge, skills and attitudes required by healthcare practitioners to provide patient-centred care
- work in inter-professional teams
- employ evidence-based practice
- apply quality improvement methods
- utilize informatics.

Hamad-CPD Program is designed to support the professional development of all healthcare practitioners practicing at Hamad Medical Corporation including (but not exclusively)

- allied health professions
- dentists
- laboratory scientists
- midwives
- nurses
- pharmacists
- physicians

CPD in healthcare is defined as the education of HCPs, appropriate to their professional role, following completion of their basic formal training (e.g. for doctors after Residency). Any educational activity which serves to maintain, develop, or increase knowledge, skills, competency, behaviour or performance is eligible for DHP CPD accreditation, providing it meets DHPs educational, ethical and administrative standards. The ultimate goal is to provide better service for patients, the public or the profession.

This guide provides information to assist you in planning, developing, and delivering CPD activities that are

- learner-centred
- compliant with accreditation standards
- effective in changing practice.

In developing the Guidebook, we have considered policies and guidelines from the DHP.

Our advice is based on the evidence base and established best practice within learner-centred medical education, drawing on adult learning theory. Following this guidance will ensure that CPD activities are based on best practice and effective in achieving practice change (as well as being compliant with DHP accreditation requirements).

The CPD team can help you in your efforts to transform your ideas into world-class effective educational offerings. However, it is important to realize that CPD staff are engaged on other clinical and/or educational activities so adequate notice is appreciated, and last-minute requests must be rejected.

It remains perfectly possible to run an educational activity without DHP CPD approval if it does not meet DHP educational, ethical or administration standards (e.g. if a commercial company runs an event). *However, learners will not receive DHP CPD points.* Activity leads are still encouraged to follow this guide to producing a high-quality learning experience.

Please note that students and residents (being within their basic formal training) do not receive (or require) CPD points but are still very welcome at learning events.

All HMC CPD activities using the DHP logo or accreditation statement must be accredited by Hamad CPD. You may not use either on any materials (including 'Save the Dates') without obtaining formal accreditation approval. If you have made your application through Hamad CPD you may state 'CPD applied for' but you must NOT assume, or state, any hours.

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Educational Activity Advice at HMC

You should use this guide as your key resource.

Members of Hamad CPD (Appendix A) can provide advice on planning, developing and delivery of CPD activities, and there is a system of CPD leads within almost every clinical area to help you (Appendix B), but please bear in mind that this is not their full-time job, they all have clinical and other pressures. They can advise but they ***will not prepare the application***. This is the responsibility of the Scientific Planning Committee (SPC), of the Chair.

We are happy to give brief advice e.g.

The potential for a CPD activity or possible conflict with similar activities

Carrying out your general needs assessment

In the planning, developing and delivery of CPD activities we suggest that you use the 'Kern Six-step approach' in curriculum development for medical education. This is widely used by international medical education bodies (e.g. ACGME). The six steps are:

1. Problem Identification and General Needs Assessment
2. Needs Assessment for Targeted Learners
3. Goals and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation and Feedback

Reference: Kern DE, Thomas PA, Howard DM, Bass EB. Curriculum Development for Medical Education: A Six-Step Approach. Baltimore (MD): Johns Hopkins University Press; 1998

Applying for DHP CPD Accreditation

HMC is recognized by DHP to provide DHP accredited CPD activities. We approve on behalf of DHP and we must adhere to DHP standards in all respects. It is the responsibility of the SPC Chair to complete and submit the CPD Application (see example form in Appendix C). If this task is delegated the SPC must review the application and the chair must sign the attestation before submission. The application is reviewed in accordance with DHP standards. If any activity is subsequently audited by HMC or DHP and found to be in breach of any standards it is the SPCs responsibility.

There are separate application forms for:

- Ongoing activities such as rounds, journal clubs (category 1)
- Conference/ symposia/ workshops (category 1) (example given in appendix C)
- Online, synchronous and blended learning (category 1)
- Accredited Assessment Activities (category 3) which include simulation-based learning activities (SA), Direct observation of procedures or performance (DOP), knowledge assessment processes (KAP)
- Combinations of talks with simulation-based activities or with direct observation ((category 1 + 3)

See Appendix G for the DHP CPD Framework and guidance on categories

Please note that to be eligible for Category 3 activities:

- 1) Must all provide detailed feedback to all participants
- 2) KAP & SA must provide methods that enable participants to demonstrate or apply their knowledge, clinical judgment or attitudes
- 3) KAP must provide participants with a process to record their answers to the assessment questions
- 4) KAP must support participants to reflect on the outcomes for their practice

A note on running Virtual or 'online' activities (Update July 2020)

As we all start to return towards 'normal' working during the COVID crisis, many groups are turning their minds to ways to restart their regular learning activities.

There are only limited HMC venues that can cope with socially distanced learning (we suggest that rooms are used at well under 1/3 capacity to achieve that safely). We will not be allowed to hire any outside venues for now. We are certainly faced with social distancing until we have an effective and available vaccine.

Many CPD organizers are turning their minds to putting their activities online/ virtual, using Teams (HMC's preference), WebEx or Zoom. We want to encourage that; it is really the best longer-term solution.

When activities 'go virtual' there are a few considerations if they are to meet DHP accreditation standards and deliver good learning:

1. Not all learning activities can simply 'go virtual'. Hands on learning/ simulation cannot transfer (except in circumstances where simulation educators have carefully constructed an online, immersive virtual experience). We are considering this for category 1 learning, although you can blend Online Category 1 with Category 3 (e.g. in a course).
2. It is more difficult to maintain **good interactivity with your audience** if delivering remotely, so encourage all your speakers to think about that in advance. If there is going to be a meeting chair or convener please ask the chair and the speaker(s) to discuss strategy together (e.g. timing to allow questions, how are questions to be asked ('hand up' / just verbally (can be tricky in big meetings)/ by typing into the chat room with the convener collating them. This all takes a little practice but can work well. Other ways to increase interactivity include quizzes or polls (just ask what people think). There is a Teams 'add on' called Teams Forms that can be used but you must request it via ITSM. Please see the '10 tips' in Appendix K for some more good ideas
3. How are you going to take the register and monitor for 'hours attended'? You need an administrator taking note of the participants list with the 'in and out time'. It is relatively easy to do that using 'screen shots' or simple photos of the list at (say) 10-15-minute intervals, then just transcribe to a list). We

cannot absolutely stop people logging in to a meeting and going away, but if the learning is good, they will stay.

Here is a good tip for keeping Remote / Virtual and teaching session attendance within MS Teams.

There is an easy way to get an accurate attendance list, built into Team:

- a) while on the meeting on the meeting the ORGANISER (only) can click on 'participants' on the bar to bring up the list on the right side
 - b) at the top of the list is a 'download' symbol (between the word 'Participants' and 'X' to close the list). This is ONLY available to the person who has called the meeting, so they must be sure to take the download. You might want to do it a couple of times for safety.
 - c) after the meeting simply go to your downloads and you will find a file like the one attached
 - d) opening this gives you an Excel sheet with the full names of attendees, plus the times they came in and out of the meeting, allowing you to calculate attended hours for CPD certificates). Remember for CPD purposes you can round to the nearest 15 minutes (0.25 hour)
 - e) we suggest save that sheet with the name and date of the meeting to give you your permanent record (you are reminded that for DHP CPD you will need to keep that for 6 years)
4. DHP will move an already accredited category 1 activity to 'virtual' *without a full reapplication providing everything else remains the same*. **If you make other major changes to a program of course it needs a new application.** Please ask Marina Dawood for advice, and use the form she will send to you, which has all the information that DHP requires, to *simply change to virtual learning*. The event organizer fills this in to request the change. Please keeps a record of the change and all relevant attendance registers
 5. There is a slightly different 'category 1' or 'category 1 plus 3' form needed if you are applying for the 1st time for approval. Please see our portal on ITawasol <https://itawasol.hamad.qa/EN/How%20We%20Work/education-and-training/Continuing%20Professional%20Development/Pages/Applying-for-Approval-for-a-CPD-Activity.aspx> or call for the 'package'

Your complete application package should include:

- A. Completed CPD Application form for the appropriate category (ask if in doubt) of activity (**only accepted in Word format**). All these forms are available on iTawasol website on <https://itawasol.hamad.qa/EN/How%20We%20Work/education-and-training/Continuing%20Professional%20Development/Pages/Applying-for-Approval-for-a-CPD-Activity.aspx> or follow [HMC](#) > [How We Work](#) > [Education and Training](#) > [Continuing Professional Development](#) > Applying for Approval for a CPD Activity.
- B. *There are separate forms for category 1, category 3 and combined category 1 and 3, for online activities and also for ongoing/ regular activities e.g. Rounds. (Appendix C for example category 1 form. Appendix G for DHP Framework/ categories).*
- C. Appropriate signatures are required on the attestation page (sign, scan and send with application).
- D. Completed CPD Notification form.
- E. Completed conflict of Interest (COI) forms for all SPC members and all moderators, facilitators and speakers. (Appendix D).
- F. Your Learning Needs Assessment with learning objectives, for the activity (see Step 1 and Appendix I example for a suggested template form.
- G. Evaluation/ Feedback Form (with your learning objectives stated at top) for your proposed activity. i.e. your audience's view on the value of your activity. These can take many forms, and be administered and collected in many ways, depending on the information you wish to gain from your learners. See Appendix J for example. **Please note that every evaluation MUST contain the questions on perceived bias/ COI and whether speakers displayed a declaration of COI slide).**
- H. At least one complete PowerPoint presentation (including a COI slide) which will be assessed by the reviewer for education content against DHP standards. The activity cannot be assessed without this, so you will need to persuade one speaker to prepare in advance.
- I. Educational Content and/or Agenda for the meeting with timings and all breaks included (to allow an assessment of CPD hours)
- J. **All Promotional Materials. You must submit these when prepared if they are not available initially.** Hamad CPD must review them to ensure **compliance** with standards.

- K. Detailed Budget and Sponsorships from all sources if applicable. **Again, you must submit these when prepared if they are not complete initially.**

Hamad CPD must review them to ensure compliance with standards. (see APPENDIX K for example)

NB Specific details or additional material for an event may be requested for review and potential audit to examine content, format and presentation balance. This may include (but is not limited to) further PowerPoint presentations, handouts, publications and other materials provided as elements of the educational activity.

Processing time: Regular processing time for a conference/ symposium/ workshop is **six (6) weeks** after receiving a completed application with all required attachments and signatures. **Any missing requirements will delay the process.**

Applications (even if complete) sent to DHP within 15 days of an activity are rejected by their systems. There is nothing the HMC team can do to change that.

HMC CPD can only accredit activities that are developed (or co-developed) by HMC teams.

Ongoing activities / REGULARLY SCHEDULED Series

Some CPD activities are frequent, regular and ongoing e.g. grand rounds, journal clubs, educational MDT and reports and in-service small group learning sessions. There is a separate application form for these activities. The same accreditation standards apply across these activities. These are approved by main Hamad CPD leads for the relevant HCP area (see appendix A).

ACCREDITATION STATEMENTS

Marketing and promotional material SHOULD NOT contain any comments regarding the accreditation status of an activity prior to it being reviewed and officially accredited by HMC CPD Program. An activity *under review* by the HMC team may state only that DHP CPD has been applied for. No assumption should be made regarding the CPD hours.

Once approved, HMC CPD will issue an email with details of hours approved, category **and the accreditation statement to be used**. You may then use the statement on your promotional materials or meeting program.

Please note that no commercial organization's name/ branding/ logo may appear on the same program leaflet/ flyer or rollup as DHP's logo /accreditation statement or adjacent to the timetable of accredited learning. Please see Step 5 for guidance on acknowledgement of commercial sponsorship.

A certificate template will also be issued. You **may** add extra signatures and the logo of a contributing educational or professional body, but you **must not have any commercial sponsor mentioned (or logo)** on the certificate.

YOUR PATHWAY IN PLANNING, DEVELOPING AND DELIVERING DHP CPD ACTIVITIES

STEP 1: Identifying the Target Audience and their Learning Gap

A. DEFINING THE TARGET AUDIENCE

Identifying your potential learners is essential **before** development of an educational activity to ensure that the learning needs of all participants are addressed, which will ensure more effective learning.

Hamad CPD greatly encourages inter-professional education and collaboration across stakeholder groups. Targeted learners may include doctors, nurses, physiotherapists, pharmacists, and other HCPs. *This is the primary audience you are aiming your learning material and educational level at.* This does not mean that others cannot attend (where appropriate to their individual scope of work or aspirations).

When you have identified a target audience you should include a representative from each target HCP group within your SPC, to better cater for their learning needs.

B. PERFORMING YOUR NEEDS ASSESSMENT

The needs assessment process forms the basis of the learning objectives, and thus the program design and content. It is the gathering of information to identify the learning needs of the target audience. In turn, the learning needs should identify appropriate learning objectives and thus the content and format of the educational activity, so this must be carried out early.

As part of the documentation for the application for program accreditation, the chair of the planning committee will be required to provide details of the needs assessment process and the findings. (See application forms and Appendix I)

DHP CPD requires that all accredited activities are planned on a firm base of identified learning needs. In this way, all CPD activities should have relevance to what the target audience wants to learn and to their clinical practice, in accordance with the principles of Adult Learning Theory. This was first developed by Malcolm Knowles in the 1970s, has been studied widely since, and continues to be applicable to learning today.

Reference: Knowles, M.S. The Adult Learner: A Neglected Species. Houston; Gulf Publishers 1984

A learning need is described as the 'gap in knowledge, skill, attitude and/or practice between what currently exists and what is desired'.

There are many potential sources of information by which you might identify your learner's needs; you may recognize any of the following examples in relation to your audience.

IMPLIED NEEDS...e.g.	ARTICULATED NEEDS.e.g.	DEMONSTRATED NEEDS.e.g.
Emergence of a new disease or new disease trend	Requests submitted on participants evaluation forms from previous activities	Quality assurance, audit data, system failures, serious untoward incidents
New method(s) of diagnosis or treatment	Formal survey of potential participants (e.g. questionnaires)	Epidemiological data e.g. on national health trends
New medication(s) indication(s)	Informal comments or requests	Credential review/peer/ internal review
Development of new technology	Patients problems; compiled by potential participants	Morbidity/mortality data or infection control data
A need to orientate (new facilities or equipment)	Consensus of faculty within a department or clinical service area	Surgical procedure or other health service statistics
Change in the law or regulation effecting patient care	Input from experts regarding advances in medical knowledge	The requirements of a professional or accrediting body
		Literature/ journal articles

To help you identify the learning gap, ask these questions for your activity:

- Who are your target audience?
- What is their work environment or activities?
- What are the important topics for the work or activities?
- What is the current knowledge or skill level of your learners?
- What is the desired knowledge, skill or performance level at the end of your activity (the 'knowledge gap')?
- What is the likely preferred learning style for the activity (e.g. is it best delivered as a talk, e-learning, hands-on workshop/ simulation)?

During the needs assessment process, an SPC should try to answer these questions:

- How widespread is the need?
- Which different sources indicate this need?
- Will improving the 'knowledge gap' help with healthcare delivery and/or improve healthcare outcomes?
- Is the need related to our healthcare provider performance and is it likely that the activity will improve this?
- Will the target audience be receptive to this topic?
- Do we have resources to address this topic effectively?

We can also think of learning needs as 'perceived and unperceived'. The needs assessment should be conducted to identify both types.

- **Perceived needs** are those of which the learner is aware: 'I know that I don't know much/ enough about' These are often **subjective**.
- **Unperceived needs** are those of which the learner is unaware **but become apparent** through **objective evidence** (e.g. audits or case reviews). 'I don't know what I don't know/need to know'

Please consider multiple sources of information e.g. from the table above and suggestions below. Multiple sources are important in to designing and planning effective learning, giving a much firmer basis to your learning needs assessment.

We recommend trying to identify one objective (unperceived) and one subjective (perceived) learning need as a minimum.

Suggestions of needs assessment tools:

A) Objective (unperceived)

Self-Assessment Tests.	Peer Performance Review/Audit
Direct Observation of Practice Performance	Chart Audits
Expert Advisory Group	Clinical Incidence Reporting
Patient Feedback	Published Literature
M&M Rounds	Quality Assurance Data

B) Subjective (perceived)

Survey of Target Audience	Focus Group
Opinion of SPC Members	Evaluation of past CPD Activity

Please note that commercial sponsors must have NO part in the needs assessment process

HCPs aim for best practice, so providing a non-threatening way to help them identify gaps in knowledge, skills, attitudes, or practice may work to motivate them: as adult learners, if unaware of their learning needs, they are not motivated to learn it. You might consider case presentations to reflect upon, or using an Audience Response System to answer questions, to reveal their unperceived needs and help them convert these to perceived needs, which they will be much more predisposed to learn.

Appendix I contains an Example Summary of Educational Needs Assessment

A note on the potential for scholarly activity.

If you are providing a longer term CPD activity (e.g. a course) for a defined target audience, you might carry out a comprehensive curriculum needs assessment to determine perceived and unperceived needs. You could tap into available best practice, the evidence base and current health sciences education to develop your survey. You should include experts on the subject and other stakeholders (consider perhaps managers/ coordinators/ patient advocates) as well as your learner group itself. This would certainly be useful if you plan to publish on your experience; the results of your survey might be useful to other educators targeting the same or similar groups.

STEP 2: Appointing a Scientific Planning Committee (SPC)

DHP requires that SPC membership be representative of the target audience to ensure the learning needs of all sectors are identified and met. If more than one HCP group is in the target audience your SPC should embed sound inter-professional principles. All SPC members must have a voice; all should have substantial input into all aspects of program development (e.g. content, speaker selection and learning format). It is useful to have a local CPD lead on the SPC, to ensure that CPD standards are maintained. *Representatives from industry or commercial sponsors CANNOT be planning committee members and contact with committee members should be limited to establishing a sponsorship agreement.*

Please note: SPC members are required to maintain minutes of their planning meetings, which along with all activity documents MUST be kept for 6 years. All decisions implemented in development of the activity must be documented.

DHP and HMC CPD POLICIES

It is the responsibility of the Chair and SPC members to abide by all relevant policies in planning, development, delivery and evaluation of all CPD activities. You are strongly advised to refer to DHP standards documents as you develop your plans.

A) RESPONSIBILITIES OF THE CHAIR

Careful consideration should be given to nominating your SPC Chair, since the position holds a great deal of responsibility. This should not be a nominal role.

The SPC Chair:

- Is accountable for planning, developing and delivery of an activity with well-balanced teaching content which has scientific validity, integrity, objectivity and is evidence based. He/she must ensure that the SPC is representative of the target audience.
- Is responsible for accurately completing and submitting the CPD Application for Program Accreditation with all required attachments and signatures. **If the preparatory work is delegated the chair must check it before submission, since they hold the responsibility.**
- Must ensure that all SPC members, speakers and moderators return completed Declaration of COI forms, to be reviewed along with their teaching materials prior

- to the activity. Any potential COI must be dealt with in accordance with HMC/DHP policy. *If a potential or actual Conflict of Interest is identified, the SPC should manage this conflict by changing the speaker, changing the topic or conducting an independent peer-review of the teaching contents including materials.*
- Must ensure compliance with HMC CPD privacy policy (Appendix E) and that all sponsors sign the HMC CPD Sponsorship Agreements (Appendix F).
 - A preliminary budget plan is required ahead of the activity and *upon completion of the activity the Chair must submit an accurate final budget including revenue and expenditure* (Appendix J).
 - Is responsible for keeping a copy of the speakers/presenters **and full attendee list with register of actual attendance (e.g. sign in/ sign out sheet.** The latter must be kept securely for 6 years, along with the participant's evaluation of the activity.

B) DUTIES OF SPC MEMBERS

Even if you divide these tasks **all** SPC members should share responsibility for developing the activity including:

- Needs assessment
- Learning objectives
- Evaluation tools
- Identifying activity content and learning methods
- Selecting faculty and speakers.
-

This will ensure a balanced activity where topics, content and learning objectives meet your identified needs, are clearly presented and learner-centered. This is particularly important if your target audience encompasses more several HCP groups.

Encouraging critique, debate and peer review in the planning, delivery and evaluation stages, and consideration of a diverse range of content and professional knowledge to activities will improve the balance of your activity, as will appointment of a designated lead within the SPC, or externally, who can offer advice, providing oversight, critique and constructive feedback.

If you actively plan for teaching and learning strategies that encourage active engagement through discussion, allow content to be interrogated and any doubts that emerge about partiality to be debated, that will also help the balance of your activity.

The structure of your SPC should promote inter-professional education (if appropriate to the activity). The SPC members should feel able to offer advice on logistics, implementation and budget to the chair. The minutes of SPC meetings and decisions must be kept for 6 years.

STEP 3: Developing a CPD Activity

A. DEVELOPING LEARNING OBJECTIVES

This is a fundamental step in creating a learning activity. Your learning objectives must be aligned to the learners needs *and written from the learner's perspective*. You should describe what participants will be able to do after your activity (your ultimate goal): 'At the end of this learning activity participants will....'.

Ideally SPCs should construct **overall** activity objectives *and specific* objectives for each presentation or workshop, particularly when many different topics are on offer. The SPC should develop these learning objectives by reviewing the needs assessment and the identified needs gap. In turn, these objectives will determine the content and format of the activity and any assessment of learning that you plan (e.g. 'pre and post' tests). This is known as 'Constructive Alignment,' where all teachers make a deliberate alignment between the planned learning actives, the desired learning outcomes and assessment of learning.

Reference; Biggs, J. and Tang, C. (2011) Teaching for quality learning at university.

McGraw –Hill and Open University Press. Maidenhead

Learning objectives:

- Should be SMART (Specific, Measurable, Achievable, Realistic and Time based). Appendix H describes the process of writing SMART Objectives.
- Must be communicated clearly with speakers, so that they can align their teaching to them. *Include the objectives in the speaker's invitation letter.*
- Should be communicated clearly with learners (preferably in advance of the activity e.g. on your program) so that they can understand what they can expect to gain from the activity
- Must also be included on the activity evaluation so that learners can judge whether they have achieved what was set out for them.

You are encouraged to develop your learning objectives based on Dixon's four levels of evaluation. These are specific to clinical education.

Each learning objective should indicate how participation in the education will influence attendees, to promote linking learning objectives with outcome measurement levels:

- Level 1: Perception and opinions
- Level 2: Knowledge, skills, and attitudes
- Level 3: Performance behaviour
- Level 4: Patient outcomes

Reference: Dixon, N. M. (1996). New routes to evaluation. Training and Development, 50(5) 82-86

These are based on Kirkpatrick's four levels of evaluation, which may be more familiar:

- Reaction
- Learning
- Behaviour
- Results

Reference: Kirkpatrick D.L & Kirkpatrick, J.D. [Evaluating Training Programs](#), Berrett-Koehler Publishers, Inc., San Francisco, CA. 1996

B. IDENTIFYING PROGRAM CONTENT AND TOPICS

Program content and topics are based on the learning objectives, which are in turn linked to the identified needs.

C. Choosing your LEARNING METHODS

Your educational delivery options could include lectures, small group sessions, workshops, roundtables, case presentations with or without patients present, case-based small groups, practice-based small groups, simulation, demonstrations of techniques, role play, panel discussions, breakout sessions, debates, multimedia or e- learning (with or without interaction between participants and faculty).

These methods must be aimed at the learning needs and objectives of the target audience. If possible, use multiple learning methods to address variation in learning needs and preferences. We recommend that events such as conferences include at least two complementary learning methods, and even short events could (e.g.) include a case presentation with lecture and perhaps panel discussion.

D. INTERACTIVITY

At least 25% of the time in any DHP accredited CPD activity must be interactive; this will facilitate effective adult learning, allowing learners to build a topic within their own context and link new theoretical knowledge to their practice experience. There is good evidence that incorporating interactivity and using mixed delivery methods is associated with increased impact of learning on practice.

Reference: Davis D, O'Brien MA, Freemantle N, et al. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? JAMA. 1999;282: 867-864

E. SELECTING FACULTY AND SPEAKERS

It is important to select faculty who can present content to meet the learning objectives and your learner's needs. They cannot do that unless fully briefed on both aspects by the SPC. They will do it best if they are expert on the topic, credible, a skilled presenter, and learner-centered, please also consider any possible conflict of interest

Assign your speakers their topics *with your specific learning objectives* when you request them to speak. All speakers must abide by HMC and CPD policies related to ethical practice and copyright policy.

The SPC may consider reasonable fees, travel and accommodation to external speakers, particularly those coming from abroad. Small gifts are also acceptable. Speakers may **not** be paid directly by commercial organizations even if they are covering some costs, to avoid undue influence; **they must be paid through the SPC/ HMC activity account.**

Please see Step 8 for advice re certificates for speakers.

F. CO-DEVELOPING A CPD ACTIVITY

CPD activities can be co-developed between two departments, or two organizations, whether that is local within Qatar or outside e.g. an international society. The SPC should include members from both organizations. Only one organization will need to seek DHP CPD approval if both are accredited providers.

STEP 4: Managing Conflict of Interest

Conflict of interest (COI) can arise when an individual with a role in planning or delivery of an activity has competing interests/loyalties that could impact on educational content in a real or perceived manner. DHP does not view commercial support, or a financial

relationship with faculty as *necessarily* implying bias, but apparent, potential or actual COI *may* arise in these situations. Therefore, any support and/or relationships *should be disclosed and appropriately managed* for balance, transparency, objectivity and scientific validity. **Organizers and presenters** of an activity must disclose to participants any affiliations that could lead to COI.

Details of the relevant procedures are outlined in the HMC CPD Policy on Conflict of Interest and Guidance notes (Appendix D). All CPD activities must meet these standards and as part of the CPD Application process, the Declaration of COI Form (Appendix D) must be completed by **all SPC members, speakers, moderators and other faculty**. Email them to all participants even if abroad, ask them to read, complete and sign, scan the form back to you for submission. All must disclose any relationship and/or affiliation with any commercial organization *over the two years prior to the activity*.

STEP 5: Establishing Financial Support and Budget.

A. MAINTAINING YOUR FINANCIAL RECORDS

DHP requires full and transparent documentation of revenues and expenditures for CPD activities. A budget with *projected* revenues from all sources and known expenses **is required as part of the CPD Application package**. A final budget with *actual* revenues from all sources and expenses must be sent to the CPD Program with the completion statement. A sample budget format is provided in (Appendix K).

The cost of CPD activities can be recovered from multiple sources including registration fees, HMC internal funding, and external funding including commercial and non-commercial sources. The activity is required to be financially self-sustaining.

B: Registration fees

You are encouraged to consider a charging a reasonable registration fee to recover costs associated with conducting the educational activity. Using differential fees for HMC/ non HMC registrants or for physicians, nurses, other HCPs, trainees and students is acceptable. SPCs may also consider a lower registration fee for 'early bird' registration or a higher fee for late/ on site registrations associated with increased administration. As a minimum, fees should offset the costs of social activities, meals and refreshments. In general you are advised to avoid onsite registrations due to the uncertainty that brings over attendance numbers, especially if an event is 'open to all'.

C. FUNDING FROM EXTERNAL SOURCES

Possible sources of external funding may include support from government agencies or professional associations including not-for-profit organizations, or commercial sources e.g. drug or equipment companies.

All for-profit (commercial) funds must be in the form of an unrestricted educational grant i.e. funding must have no stipulations or conditions linked to content or delivery. We recommend that the initial request for funding for a specific activity be initiated by the chair and/or SPC, although an administrator may provide follow up support.

It is appropriate to establish graded sponsorship recognition (Bronze, Silver, Gold etc.) based on support provided. Categories will be determined by the SPC and should be consistent with sponsor privileges. Tagging sponsorship to specific elements of the educational program is unacceptable. **Please take great care not to offer ‘sponsorship packages’ that do not comply with DHP regulations. You will be in clear breach of CPD accreditation standards.**

For all activities that receive commercial funding, the SPC must ensure compliance with relevant HMC and DHP policies (Appendix F).

The terms, conditions and purposes by which sponsorship is provided must be documented in a written agreement that is signed by the SPC and sponsor and provided in the application package (Appendix F). An example compliant Sponsorship Package is given (Appendix F).

Sponsorship must be disclosed to your audience / acknowledged with the DHPs approved statement e.g. with a slide at the start of meeting using only **this** statement

“This CPD activity is supported by financial and/or in-kind support from the following sponsors: XX”

Please use Company names not logos. Beyond this standard acknowledgement statement of financial and in-kind support the linking of a sponsor’s name (or other branding) to an educational session or section of an educational program within an accredited group learning activity is prohibited.

Sponsorship recognition **must** appear on a separate leaflet / flyer / rollup from the educational content, activity schedule, learning objectives, and accreditation statement i.e. you must make an entirely separate leaflet

Product-specific advertising, promotional materials or branding strategies cannot be included on/appear within locations where accredited CPD sessions are occurring (e.g. lecture halls, small group discussion rooms) immediately before, during or immediately after an accredited CPD activity. Thus, any banners/ roll ups etc. with logos on must be well **outside** the room(s) where the accredited activity takes place, generally in the coffee or eating room. Sponsorship rollups should only be about sponsorship; they should not link the company logos to the event title or any other activity information.

Product-specific advertising, promotional materials or branding strategies cannot be included on, appear within, adjacent to:

- any educational materials, slides, abstracts and handouts used as part of an accredited CPD activity;
- activity agendas, programs or calendars of events (preliminary and final);
- **any webpages or electronic media containing educational material.** You can include a link to the sponsors page but there must be no direct link.

Commercial exhibits or advertisements must be arranged in a location that is completely separated from the accredited CPD activity (e.g. with lunch). Any incentive provided to participants associated with an accredited CPD activity must be approved by the SPC. Commercial gifts are generally frowned upon. If in doubt, please check with Hamad CPD. Registrants may be encouraged by event organizers to visit exhibit booths. Exhibitors must not actively engage in promotion of their company or product at any other time during the program

If a sponsor wishes to run a satellite sponsored symposium that must be clearly identified as such. It cannot earn any CPD credit and must occur at a separate time and location that does not compete with accredited CPD activities. Sponsored activities cannot be listed or included within agenda, programs or calendar of events (preliminary or final). They must go on a completely different page. You may only indicate to the audience where to look for that information e.g. by tabling 'lunchtime satellite symposium, see next page'

Although a company representative may attend activities (space permitting), they cannot actively participate (make comments, give an opinion etc.). Materials suitable for distribution to delegates and participants in the designated sponsor area should be limited to informational materials.

D. BUDGET RECONCILIATION AND MANAGING SURPLUS FUNDS

At the conclusion of your activity any budget deficit is the responsibility of the SPC. There will be no recourse to HMC for additional financial support. A final budget with actual revenues from all sources and expenses must be sent to Hamad CPD within 14 days of completing the activity. This must include all sponsorship received and actual registration revenues. Surplus funds generated should be earmarked for the planning, development, or delivery of subsequent activities of a recurring nature. Surplus funds from a single, non-recurring event should be forwarded to the Department of Medical Education for use in support of CPD activities. #

STEP 6: Developing Evaluation Tools

Your activity evaluation of should be considered early in the planning and design process. All DHP accredited CPD must have an evaluation which is linked to the learning objectives. Ideally the evaluation would measure change in perceptions, competencies, behaviours, and/or outcomes; truly evaluating the **effectiveness** of CPD activities.

The evaluation processes should be mapped along Dixon's four levels of evaluation:

- Level 1: Perception and opinions
- Level 2: Knowledge, skills, and attitudes (competency)
- Level 3: Performance (Impact on behaviour)
- Level 4: Healthcare outcomes (impact on patient care and health status).

Ref: Dixon, N. M. (1996). New routes to evaluation. Training and Development, 50(5) 82-86

All evaluations should have a minimum requirement of Level 1 (Perception and opinion data).

We strongly encourage the development of evaluation tools beyond level 1, with a focus on knowledge translation and patient and population outcome. That requires some careful planning e.g. Level 2 data: Knowledge, skills, and attitudes (competency) would require as a minimum, a pre and post- test (knowledge or skills) or survey (attitudes). Level 3 (Performance) or Level 4 (Healthcare outcomes) would ideally involve some measurement within the workplace, preferably before and after the education.

Another method of assessing level 3 / 4 might involve an open-ended item, asking participants to document their commitment to change (e.g.):

How do you feel your performance at work may change as a result of the activity?

Or

What will you do differently in terms of patient care aspects? i.e. Will they translate their new knowledge into practice?

Or simply ask

‘This course will cause me to make these changes in my practice’ (with a Likert scale to measure degree of agreement).

Participants could be asked to document 1-3 changes that they plan to implement in their practice as a result of the activity (perhaps as a ‘commitment to change’). You can also consider asking participants again (in say 3-6 months) if they have, in fact, used their new skills or instigated a new behavior.

This bridging of the knowledge to action gap using a ‘knowledge translation tool’ is based on work showing that *commitment to change predicts actual change in practice*.

Reference: Lockyer, J, Fidler, H, Hogan, D, Pereles, L, Wright, B, Lebus, C, Gerritsen, C.

Assessing Outcomes Through Congruence of Course Objectives in Reflective Work. JCHEP 2005; 25: 76-86

Longer-term evaluation may be needed to assess the extent to which level 4 learning outcomes have been met. You might (e.g.) follow up an education campaign with solid outcomes data e.g. ‘before and after’ sepsis data collected around a new sepsis education program for all staff. This level of evaluation may be suitable for publication, if carried out with scientific rigor.

A. DEVELOPING EVALUATION AND FEEDBACK FORMS

DHP mandatory elements

Evaluation and feedback forms should **outline the learning objectives** and specifically ask participants if those stated learning objectives, as well as their personal learning objectives, for the activity were met.

The feedback form must specifically ask about the perception of industry influence or bias within the educational materials with space for free text comments to clarify.

Otherwise simply consider what it would be most useful for you to know as an event organizer seeking to improve your activity. Using a 7-point Likert scale (Strongly

Disagree to Strongly Agree) provides more options and allows acknowledgement of excellent teaching.

You might choose to ask specifically about the following areas:

SPEAKERS/PRESENTERS

- Content was consistent with the stated objectives
- Information was presented clearly
- Information was relevant to practice
- Amount of time left for discussion was adequate

LOGISTICS

- Marketing and promotional material was effective
- Information on participant's motivation to attend
- Suggestions for improvements in the activity
- Administration quality (brochures, registration, catering, facilities, handouts/audio visuals)
-

POINTERS FOR FUTURE EVENTS

- Perceived needs assessment for future educational activities
- Different educational needs of target audience (by HCP)
- Overall program effectiveness in achieving the educational objectives
- Future topics for content development
- Suggestions for future presenters/speakers
- Intention to change in practice

An example CPD Evaluation / Feedback form is given (Appendix J) to illustrate the principles above.

Within their personal DHP e-portfolio HCPs are also encouraged to complete a personal learning plan and additional reflections to encourage reflective learning and knowledge translation. Neither Hamad CPD nor an SPC has access to that.

B. MEASURING EFFECTIVENESS OF EDUCATIONAL ACTIVITIES

The SPC and speakers/facilitators should always review the feedback, ideally during a debrief meeting after the activity. Here you should go over any logistical 'lessons learnt', analyze evaluations and discuss further measures of effectiveness planned as part of the evaluation process e.g. measuring performance or health care outcomes

C. FEEDBACK TO SPEAKERS

All speakers should receive a summary of their own session evaluations. This may form an important part of their regular performance evaluation/ appraisal, especially if they are faculty at an academic institution.

STEP 7: Identifying and Implementing Marketing Strategies

A. MARKETING MATERIAL

The majority of HMC activities are assisted by HMC Corporate Communications Dept. Their limited services are in high demand, so you must contact them early to ask for support. If you need to engage the services of an outside agency, **they must adhere to DHP ethical and administration standards, with which they may be unfamiliar.** *It is entirely the SPCs responsibility to ensure that compliance.*

Various strategies can be used to disseminate your information about upcoming activities, linked to known methods to reach the target audience. It is well worth using multiple approaches e.g. print, mail, electronic and social media.

Wherever possible HMC activities should be open to all HCP and students/ trainees within the Corporation who consider the learning appropriate to their scope of work, even if they are not within your defined target audience.

When your activity is accredited it will appear on the DHPs regularly updated list of activities in Qatar. The DHP notification form asks for contact details (please ensure these are accurate, or learners will not be able to access further information) and whether the activity is for a selected audience, HMC only (unselected) or open to all. If you select the latter that may appeal to many HCPs so, please consider a system of preregistration and put limits on numbers to ensure you have sufficient seats and catering.

If your activity is applicable to many and registration and other logistics, seating and other capacity allows, and the learning is generally appropriate please consider opening your event registration to HCPs outside HMC (but please ensure a good preregistration system, so you know how many are attending). If particularly applicable to a specific HCP group or service (e.g. Primary Care) then consider specific dissemination of information to, or reservation of seats for, that learner group.

Materials for the marketing and promotion of CPD activities, in print or electronic, should contain information on the target audience and learning objectives. The approved accreditation statement with assigned maximum hours may **only** be used once the activity is approved. The accredited provider organization(s) (e.g. HMC) should be identified. The HMC and DHP logos must be current approved versions.

No commercial logos or information should appear on the activity title page, or alongside the accreditation statement, HMC or DHP logos, within the program/ approved agenda/ on rollups with the activity title or DHP logo.

Please see Appendix F for the rules and carefully check your compliance

Step 8: Managing Your Logistics

A. REGISTRATION

Consider setting limits to the maximum number of registrants based on the format, venue and facility capacity for the planned activity. When planned activities have a limited capacity, this should be noted in marketing materials. You are strongly encouraged to have a pre-registration process to work within these limits, particularly when the activity is open to HCPs outside HMC. If you allow onsite registration your numbers may be difficult to predict.

Responsibility for registration and the collection of information pertaining to registrants lies with the SPC. You must not delegate to an industry sponsor. If you delegate to an external agency or third party, you remain responsible. Personal information from registration should not be shared or provided to sponsors, industry representatives or other external agencies. If registrants agree to their name appearing on a published list, only name, city and country should be provided (no contact information) see privacy policy (Appendix E)

B. REFUNDS AND CANCELLATION of ACTIVITIES

Advice on fees is given **on page 23**

We recommend SPCs establish (and publish) rules for registration cancellation and refunds, indicating the amount and timelines of any refund. A specified percentage of the registration fee could be identified as non-refundable and retained for administrative and processing purposes.

Please note that you must let your CPD approver (CPD lead) know if you cancel or change the date of *any activity* **prospectively** so we can communicate with DHP for you. If DHP do not have advance notice of a change your certificates will be invalid, and your learners will not gain any points.

C. CERTIFICATE OF ATTENDANCE

Certificates of Attendance are issued to learners by the SPC. The approved version is provided by Hamad CPD on event approval. They must be fully compliant with the DHP approved format. **The certificate must include the actual hours attended for each individual HCP as well as the maximum hours achievable. The SPC are responsible for good record keeping, allowing accurate definition of the hours attended.** For large/ complex activities consider the use of technology (e.g. RFID) and for smaller activities ideally sign in/ sign out sheets or if appropriate morning and afternoon registers. Each participant should claim only the hours of credit that they actually spent participating in the educational program.

CPD certificates must be signed by the SPC Chair, this can be electronic or manual. Addition of other signatures and Departmental logos are acceptable, but **never** any commercial logo

Maintenance of attendee/registrant database information for auditing of accredited activities must be kept for six years.

A note on Certificates for speakers

Naturally you may give a certificate of appreciation to speakers, chairs, conveners etc.

However please note the advice below regarding DHP CPD certificates of attendance for speakers

Your speakers can count as attendance any hours that they actually attend **an activity as learners**

E.g. if they attend a conference and speak for an hour they will get their attended hours as properly accounted for (strictly speaking minus the hour that they speak) BUT they can NOT have the whole conference hours applied 'just because they are a speaker' if they didn't attend the rest

Also

If they are the **only** speaker at an activity that lasts (say) an hour they should not get a CPD certificate *as they are not a learner in this context*

Category 2 learning for speakers; Please note that a speaker or teacher can apply for Category 2 learning themselves **for any self-directed learning done whilst preparing a talk or teaching session e.g. if they read for 1 hour to prepare.**

They do not need any certificate or approval - this is based on honesty. Category 2 hours count as double credits

Aiming High and Moving Forward

A. MEASURING CHANGE IN PRACTICE

If you want to measure a change in practice it is worth a follow up questionnaire to your participants 3-6 months after the event to enquire about self-reported change in practice. You might (for instance) send a compiled list of the 'commitment-to-change' actions expressed in the original feedback forms. Attendees are then asked to report **actual changes** implemented in their practice since attending the educational activity. If your educational intervention is novel and a change of practice has been achieved, then it might be worth some scholarly activity.

B. IMPROVING YOUR ACTIVITY

The most successful recurring CPD activities continually develop in response to feedback and 'lessons learnt' from the current activity. This can even be true for single activities, as the activity can trigger recognition of new, previously unperceived, learning needs, therefore the need for another educational activity.

A successful learning activity should respond to feedback, new/ emerging knowledge and evidence, changes in target audience and/or learning needs, changes in societal needs and changes in resources. Effective change management is required to maintain strengths of the activity and promote improvement. SPCs are encouraged to implement improvements based on lessons learned from a current activity

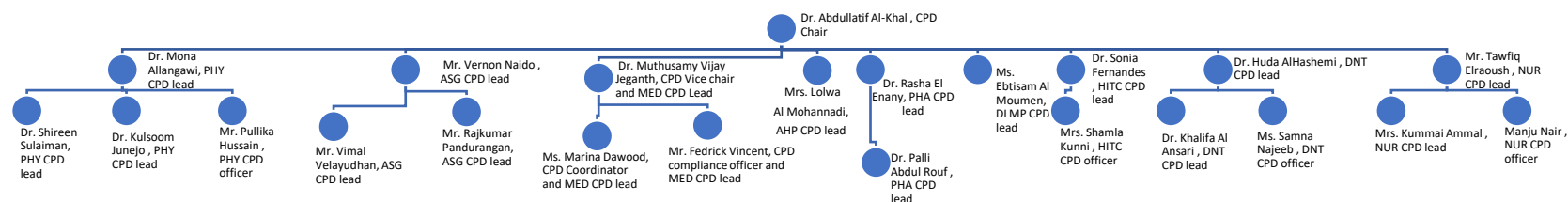
C. SCHOLARSHIP AND RESEARCH

Looking into the impact of an educational activity on patient outcomes or population health is complex but demonstrating such an impact is of academic value and practical influence. HMC CPD and Medical Education strongly encourage scholarly endeavour to address whether CPD activities influence HCP, performance and/or patient outcomes and

there is academic support within HMC. Come and talk to us if you have plans to incorporate such activity into your CPD program.

APPENDIX A: Hamad CPD Committee HCP leads

Below is the HMC CPD subcommittee organizational chart and a table of their contact details. Each HCP member can review and give approval for activities within their defined practice areas. If your proposed activity is aimed *mainly* at a single discipline, please contact the relevant member. If in doubt, please ask for advice



HCP areas	Name	Email	Approval area
All/ Medical	Dr. Muthusamy Thevar Sevugapandian Vijay Jeganath	MJeganath@hamad.qa	All standalone events aimed at either physicians or multi-professional
	Ms Marina Dawood	MDawood2@hamad.qa	
	Mr Fedrick Vincent	FVincent@hamad.qa	
Physicians	Dr. Mona Allangawi	Mallangawi@hamad.qa	All recurring events aimed at physicians
	Dr. Shireen Suliman	SSULIMAN@hamad.qa	
	Dr. Kulsoom Junejo	KJunejo@hamad.qa	
	Mr. Pullika Hussain	phussain@hamad.qa	
Nursing	Mr. TAWFIQ ELRAOUSH	TELRAOUSH@hamad.qa	All events aimed at nurses
	Mrs. Kumari Thankam Sivagnanam Ammal	KAmmal1@hamad.qa	
	Manju Valsamma Radha Krishnan Nair	MNair9@hamad.qa	
Ambulance	Mr. Vernon Naidoo	VNaidoo@hamad.qa	All events aimed at the ambulance service
	Mr. Vimal Machampilly Velayudhan	VVelayudhan@hamad.qa	
	Mr. Rajkumar Pandurangan	RPandurangan@hamad.qa	

Pharmacy	Dr. Palli Abdul Rouf Dr. Rasha El Enany	_PABDULROUF@hamad.qa _relenany@hamad.qa	All events aimed at pharmacy
AHPs	Mrs. Lolwa Al-Mohannadi	_Lalmohannadi@hamad.qa	All events aimed at AHPs
Pathology Labs	Ms Ebtisam Al Moumen	EMOUMEN@hamad.qa	All events aimed at lab staff
HITC	Dr. Sonia Dimple Sequeira Fernandes Mrs. Shamla Mulan Kunni	_SDimple@hamad.qa _SKUNI@hamad.qa	All HITC events
Dentistry	Dr Huda Alhashemi Dr Khalifa Al Ansari Ms. Samna Najeeb	_halhashemi@hamad.qa _kalansari@hamad.qa _snajeeb@hamad.qa	All events aimed at dentistry

In addition, we have a system of 'local leads' available to you for advice when you are preparing your application. There is somebody in most disciplines or physical location that will be happy to guide you. (Appendix B)

APPENDIX B. Table of local CPD Office and Admin list

	CORP	MEMBERS	MEDICINE DEPARTMENT	Contact	Email
1.1	8296	Dr. Mona Al Lengawi	Corporate CPD Officer	55594144	Mallangawi@hamad.qa
2	23850	Dr. Shireen Omar Sulaiman	CPD Assistant	66567014	SSULIMAN@HAMAD.QA
3	27836	Dr. A/Nasser El Zouki	GENERAL MEDICINE	66022836	AElzouki@hamad.qa
4	27245	Dr. Merlin Mary Thomas	PULMONARY	66875256	MThomas27@hamad.qa
5	44235	Dr. Beatriz Garcia Canibano	NUROLOGY	50316131	Bcanibano@hamad.qa
6	6111	Dr. Mohammed Tarique Butt	GI	55975192	mtbutt@hamad.qa
7	21025	Dr.Omar Mohd Fituri	NEPHROLOGY	55247150	ofituri@hamad.qa
8	41003	Dr. Abdullah Hamad	NEPHROLOGY/dyalisis	55247150	AHamad9@hamad.qa
9	11220	Dr. Hamda Ali	ENDOCRINE	55803595	Hali2@hamad.qa
10	22840	Dr. Saibu George	MICU	66612595	SGEORGE26@hamad.qa
11	45630	Dr.Hamad Elnil Abdelgabar Abdel Hadi	INFECTION DISEASE	33017567	HAbdelHadi@hamad.qa
12	26321	Dr. Fiaz Alam	RHEUMATOLOGY	31003400	FAlam1@hamad.qa
13	41933	Dr. Mirza Ghazanfar	ALKHOR	33693339	mbaig3@hamad.qa
14	15356	Dr. Mustafa Seid Ahmed Mustafa	ALWAKRA	55543593	Mmustafa3@hamad.qa
15	17606	Dr.Jafer Ajanur Palaki	AMBULATORY	55621032	jpalaki@hamad.qa
16	44041	Dr. Sara Kamal Hassan Abdelgafar	STAFF CLINIC	50435064	SAbdelgafar@hamad.qa
17	26418	Mr. Mossad Eleiwa	QUALITY	30033153	MEleiwa@hamad.qa

2	CORP	MEMBERS	ANESTHESIA DEPARTMENT	Contact	Email
1	16156	Dr. Nabil A. Shallik	CPD officer	55439264	nshallik@hamad.qa
2	19844	Dr.Arshad Chanda	SICU	55780270	achanda@hamad.qa
3	31169	Dr Jagadish Adiga	AKH	66480342	jadiga@hamad.qa
4	16717	Dr. Koti Srinivas Rao	AWH	55451499	Krao@hamad.qa
3	CORP	MEMBERS	EMERGENCY DEPARTMENT	Contact	Email
1	42435	Thirumoothy Samy Suresh Kumar	CPD Officer	33664847	TKumar@hamad.qa
2	20786	Dr Zohaer Salman Khan,	Al Wakra Ed	55465466	Zkhan@hamad.qa
3	33596	Dr Kumaran Subramaniam	Specialist in EM, HMGH	33778259	KSubramanian@hamad.qa
4	19652	Dr Jassim Mohammed	Al Khor ED	55473199	Jmohammad@hamad.qa
4	CORP	MEMBERS	OB/Gyn DEPARTMENT	Contact	Email
1	6606	Dr.Kholode Al Maslamani	CPD OFFICER	55509059	Kalmaslamani@hamad.qa
2	8644	Dr.Rafah Omar	CPD Assnt	55811807	Romar@hamad.qa
3	14280	Dr.Ibrahim Farid	Al Khor	66563678	iahmed@hamad.qa
4	39088	Dr. Mhd. Ayman Hamcho	Al Wakra		MHamcho@hamad.qa
5	10438	Dr.Mahir Elbari	Al Wakra	55492976	mmohd5@hamad.qa
5	CORP	MEMBERS	SURGERY DEPARTMENT	Contact	Email
			HGH		
1	30892	Dr. Kulssom Junejo	CPD OFFICER	55975625	KJunejo@hamad.qa
2	20379	Dr.Omar Isam M.Ali	Organ transplant	55175719	oali@hamad.qa
3	40601	Dr.Walid Shehata	Hepatobiliary	66716648	wshehata@hamad.qa

4	28158	Dr.Ruben Peralta	Trasuma surgery	33679809	rrosario1@hamad.qa
5	24203	Dr. Bivin George	Orthopedics	66756524	BGEORGE6@hamad.qa
6	32243	Dr.Syed Ali	Acute care	66010468	Sali35@hamad.qa
7	30892	Dr. Kulssom Junejo	General Surgery	55975625	KJunejo@hamad.qa
8	15087	Dr.Ammar Al Ani	Urology	55505206	Aali11@hamad.qa
9	13303	Dr.Sheyma Ahmed Al -Romaihi	Pediatric Surgery	55044454	salromaihi@hamad.qa
10	42195	Dr.Mohammed el Sharif	Bariatric	33000270	melsherif1@hamad.qa
11	13302	Dr.Amar Fares	Vascular Surgery	55231049	afares@hamad.qa
			Rumailah Hospital		
12	8271	Dr.Malaka Khalaf Nasser H.Al Kaabi	Maxillofacial	55244479	Malkaabi6@hamad.qa
13	21690	Dr.Ahmed Al Qahtani	Plastic Surgery	55533991	Aalqahtani6@hamad.qa
14	20302	Dr.sara Mohammed Ashkanani	ENT	55133709	sashkanani@hamad.qa
15	41862	Dr.Reni Kandampully Chandran	ENT/Audiology/Balance Unit	55631330	RChandran1@hamad.qa
16	13242	Dr.Faisal Saoud A.Naqadan	Ophtalmology	55319096	FNaqadan@hamad.qa
17	18942	Dr. Nadeem Suhail Wanis	AKH	55424880	nwains@hamad.qa
18	35784	Dr.Morshed Ali Salah	AWH	66128377	Msalah1@hamad.qa
19	50270	Dr. Muhammaed Mansha	Hazm Mebaireek General Hospital	50428376	mmansha@hamad.qa
6	CORP	MEMBERS	PEDIATRIC DEPARTMENT	Contact	Email
1	30396	Dr. Mostafa Elbaba	Ped. CPD Lead	33919891	melbaba@hamad.qa
2	26507	Dr. Khalid Esmail	Asst. Ped. CPD Lead/ GP HMC	55818215	Kesmail@hamad.qa
3	34637	Dr. Adolis Osman Ali	Child Rehab. Unit	33064881	AAli53@hamad.qa

4	7340	Dr. Afaf Shadad	NICU	55513668	aalshaddad@hamad.qa
5	4769	Dr. Lina Haboub	Ped. AWH	55807905	lhabboub@hamad.qa
6	33992	Dr. Tejas Mehta	PICU	33463816	tmehta@hamad.qa
7	8295	Dr. Noora Shahbeck	Genetic/Metabolic	55529263	nshahbeck@hamad.qa
8	21948	Dr. Nasser Haidar	PEC	33888256	NHaidar@hamad.qa
9	29673	Dr. Hanaa Masoud	Devalopmental Pediatrics	33064881	hmasoud2@hamad.qa
7	CORP	MEMBERS	CARDIOLOGY DEPARTMENT	Contact	Email
1	34597	Dr.Fahmi Sultan	CPD OFFICER(HH)	66580459	F0thman@hamad.qa
2	20373	Dr. Mawahib Alhassen	CPD Assnt	55782845	melhassan@hamad.qa
3	5622	Dr. Izuddin Soaly	Al Wakra	55822200	esoaly@hamad.qa
4	19603	Dr. Omar Hasan	ALKHOR	55756870	ahasan@hamad.qa
8	CORP	MEMBERS	CARDIOTHORACIC	Contact	Email
1	4709	Dr.Abdul Wahid Almulla	CPD OFFICER(HH)	55301473	aalmulla@hamad.qa
9	CORP	MEMBERS	NCCCR	Contact	Email
1	8231	Dr.Kakil Rasoul	CPD Officer -Oncology	55876832	krasul@hamad.qa
2	22805	Dr.Amna Gamil	ASST CPD Officer - Hematology	55317461	agamil@hamad.qa
10	CORP	MEMBERS	DERMATOLOGY	Contact	Email
1	13281	Dr.Amina Alobaidly	CPD Officer	55008000	aalobaidli3@hamad.qa
11	CORP	MEMBERS	Geriatrics Department	Contact	Email
1	50211	Dr.Kawa G. Amin	CPD Officer	33102650	Kamin@hamad.qa

12	CORP	MEMBERS	Rehabilitation Department	Contact	Email
1	46252	Dr. Sarafudheen villan	CPD Officer	77144122	Svillan@hamad.qa
13	CORP	MEMBERS	Radiology Department Clinical imaging	Contact	Email
1	10343	Dr. Adel Al Dahneem	CPD Officer	55529897/44396540	Aaldahneem@hamad.qa
2	27453	Dr. Alaa Al-Taie	Asst .CPD Officer	55095760	AALTAIE@hamad.qa
3	32508	Dr. Abhilash Pulincherry Jayaram	Alkhor	33909711	ajayaram@hamad.qa
4	30754	Dr. Bashdar Ramadan	Al Wakra	55756821	BMawlood@hamad.qa
5	45837	Dr. Kinda Tawfik Shukri	Rumaila	50633461, 55280732	KShukri@hamad.qa
6	35175	Dr.Ashwini	Women	33544845	AGujrathi@hamad.qa
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CPD Admins List 2021

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3	45561	Camille Mateo	Bariatric Surg/HGH	Cmateo1@hamad.qa	4439 6791

4	28408	Ms. Reeja Valliyakath	Orthopediac Surg/HGH	Rvaliyakath@hamad.qa	44392821/66914641
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3	12227	Mr. Mohd Ali	Emergencny HGH	Vali@hamad.qa	
4	51574	Shahna Abdul Karim	Emergency AKH	SAbdulKarim1@hamad.qa	44745654

APPENDIX C: Application for Activity Accreditation: example with explanations in red

Submit your completed application form (**Word format only**) and supporting documents by email only to your appropriate Hamad CPD lead (see Appendix A for guidance).

For medical or inter-professional conferences/ symposia/ workshops please apply to Ms Marina Dawood on MDawood2@hamad.qa

Please include all supporting documents; otherwise review is NOT possible

The example give below is a category 1 conference/ symposium / workshop form. **There are separate application forms** for;

- Ongoing activities such as rounds, journal clubs (category 1)
- Conference/ symposia/ workshops (category 1) (example given below)
- On line, synchronous and blended learning (category 1)
- Accredited Assessment Activities (category 3) which include Simulation based learning activities (SA), Direct observation of procedures or performance (DOP), knowledge assessment processes (KAP)
- Combinations of talks with simulation based activities or with direct observation ((category 1 + 3)
-

Please note that to be eligible for Category 3 activities:

- 5) Must provide detailed feedback to participants (all)
- 6) Must provide methods that enable participants to demonstrate or apply their knowledge, clinical judgment or attitudes (KAP & SA)
- 7) Must provide participants with a process to record their answers to the assessment questions (KAP)
- 8) Must support participants to reflect on the outcomes for their practice (KAP)

Please ensure you use the correct one, if in doubt contact your HCP lead for advice, enclosing a copy of the proposed agenda. They can send you the correct form or you may download <https://itawasol/EN/How%20We%20Work/education-and-training/Continuing%20Professional%20Development/Pages/default.aspx>

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 Qatar Council for Healthcare Practitioners – Accreditation Department (DHP - AS) CPD Framework.

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 **will 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 statements.
 - The logo of the DHP - AS.
 - The logo of the organization(s) that developed the activity.
4. The Scientific Planning Committee (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.
 5. 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:			
2. Activity Type:	<input type="checkbox"/> live, face-to-face conference <input type="checkbox"/> live, face-to-face symposia <input type="checkbox"/> live, face-to-face seminar <input type="checkbox"/> live, face-to-face workshop		
3. Application Date: (mm/dd/yyyy)		4. Activity dates: (mm/dd/yyyy - mm/dd/yyyy)	
5. Name of organization requesting accreditation:			

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"/> Other healthcare professional organization		
7. Name of Primary Contact for		8. Email:	
9. Phone number:		10. Address:	

11. Intended target audience of the activity (please check all that apply) Please note that all HCPS in 'target audience' must be represented on your SPC	<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 you will determine the actual amount of hours each participant will be eligible to record for credit.(e.g. sign in & out registers)	They are asking how you know the individual learner's hours (as you must to accurately certify!) You need a sign in and sign out approach to do that or perhaps RFID technology for a large meeting. Please state what you will do here		
16. Please describe the process by which you will distribute certificates of participation to all participants.	For instance, by email after receiving evaluations. Or by hand at end of meeting? Accurate hours for everyone must be on there, how will you manage that? Please state		

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
<i>Example: Jane Smythe,</i>	<i>Nurse</i>	<i>Member</i>

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 your 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>Please refer to earlier guidance in this booklet and your own needs assessment to make sure you answer this well. They want to know how you know the teaching is needed. Take note of their examples</p>
<p>2. What learning needs or gaps in knowledge, attitudes, skills or performance of the intended target audience did you identify for this activity?</p>	<p>Again, please refer to earlier guidance in this booklet and your own needs assessment to make sure you answer this well. They want to know what you found out when you did your needs assessment i.e. What teaching is needed.</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 SPC share the needs assessment results with the speakers who are developing the learning objectives? Did the SPC use the needs assessment results to define the learning objectives for the speakers?</p>	<p>They want to know how you translate the learning gaps and learning objectives to develop the sessions you will offer Take note of their examples. Look at the Guide advice above</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>	<p>Take note of their examples. At least 25% of your activity must be interactive</p>

Evaluation	
5. How will the overall group learning activity and individual sessions be evaluated?	This is asking about evaluating the learning activity NOT about testing the learners i.e. the evaluation questionnaire
6. Does the evaluation strategy intend to measure changes in knowledge, skills, or attitudes?	You'd need a pre and post knowledge, skills or attitude test or questionnaire to do this. It's good to do it if you can, if not just say no
7. Does the evaluation strategy intend to measure improved performance? If yes, please describe.	You'd need a pre and post assessment of performance i.e. at work to measure this. If your teaching tackles some element of performance that has been identified for improvement, then could you measure again after the teaching? It's good to do it if you can, if not just say no
8. Does the evaluation strategy intend to measure improved healthcare outcomes? If yes, please describe.	It's difficult to measure this in practice, but you could ask about intended change in learner's clinical practice and you could follow up later to see if they have actioned that? If your teaching tackles clinical outcomes that have been identified for improvement, then could you measure again after the teaching? It's really good to do it

	if you can, if not just say no
9. Will participants receive feedback related to their learning? If yes, please describe.	E.g. if you do a test will they get results and know how well they performed in comparison to others? If you are giving them a chance to try something practical will they be watched and given feedback?

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, 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

PART C: Ethical Standards (cont'd)

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

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 SPC maintained control over the selection of topics, content, and speakers.</p>	<p>Explain how you worked from your learning needs to and learning outcomes towards your topics and the session. Ensure you share all with speakers so they can construct session accordingly and state that you will do that. You must maintain control, so the SPC need to check back that speaker's understand learners needs and you should review all the finished talks</p>
<p>3. How were those responsible for developing or delivering content (speakers/ moderators) 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? <p>that the description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?</p>	<p>State how you informed all speakers and session moderators about each of these elements please. It is the SPCs responsibility to be sure they understand</p>
<p>4. All DHP-accredited CPD activities must comply with DHP-AS <i>Ethical Standards for Accredited CPD Activities</i>.</p> <p>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?</p>	<p>Please don't just say that there is no ethical issue! The SPC might discover one late in the process. They ask you what you will do IF you discover one e.g. decline a sponsorship/ remove a speaker/ change a talk (depending on the problem)</p>
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>Please answer both questions by reference to your COI forms and the mandatory disclosure slides</p>
<p>6. How are the SPC member's conflicts of interest declarations collected and disclosed to the CPD provider organization?</p> <p>To the participants attending the CPD activity?</p>	<p>Please answer both questions by reference to your COI forms and the mandatory disclosure slides (there should be one about the SPC members COIs at the start of the whole activity during introductory remarks)</p>
<p>7. If a conflict of interest is identified, what are the SPC methods(s) to manage the conflict?</p>	<p>Don't just say that there is no COI issue please! The SPC might discover one late in the process, when you review all the talks. They ask you what you will do IF you discover one e.g. remove a speaker/ change the talk slightly (depending on the problem)</p>
<p>Receiving Financial and In-kind Support</p>	
<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>You may be giving none, please say so. You may be paying this for outside speakers, please state that (and ensure its accounted for on your budget)</p> <p>Are you using a third party E.g. conference organizing company? The SPC retain full responsibility so you must say how you manage that. ideally always through an HMC based conference account</p>
<p>9. 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?</p>	<p>Please read the Handbook guidance regarding this in detail and take great care that you are fully compliant in all respects. You may be audited by</p>

	<p>HMC and or DHP and this is a common area of citation Please state that you have taken these steps.</p>
Managing Commercial Promotion	
10. 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?	<p>Please read the Handbook guidance regarding this in detail and take great care that you understand all elements are fully compliant in all respects. You may be audited by HMC and or DHP and this is an extremely common area of complaint. <i>The SPC is entirely responsible for all elements</i> Make sure your sponsorship packages do not offer something that DHP prohibits. Please state here that you have taken these steps.</p>
11. What are your arrangements to separate commercial exhibits (e.g. company stands) from rooms where educational activities are being delivered?	<p>If you have any commercial stands they MUST be in a separate area (e.g. coffee/ lunch room) so simply state this is the case, if you have none just say that. No logos or advertising can be in the same room as the learning.</p>
12. If gifts/incentives are provided to CPD activity participants how have you reviewed and approved these?	<p>If no incentives just state that. You are strongly advised against any expensive sponsored gifts which would breach ethical guidelines. QCHO take a strong view; remember you may be reported or audited</p>
Unaccredited CPD Activities	
13. 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?	<p>If there are none just say so. Any sponsored symposia must in a separate location, not appear in the accredited program, or compete with/ distract from CPD</p>

	activity (see guidebook)
14. How will you separate the listing of unaccredited activities from accredited CPD activities? Example: entirely separate listing	See above. Again, if there are none please state that: N/A is not enough!

PART D: Required Attachments

You must include the following attachments with your application.

We are unable to process applications without all the attachments.

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 must 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:
 - 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):

Signature:

Date:

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

Signature of CPD Coordinator(s):

Date:

APPENDIX D: Guidance on Disclosure of Relevant Financial Relationships and Declaration of Conflict of Interest Form

It is the policy of Hamad Medical Corporation to adhere to Qatar Council for Healthcare Practitioners (DHP) Criteria, Policies, and Standards for Commercial Support and content validation in order to ensure fair balance, independence, objectivity, and scientific rigor in all its CPD programs. All faculty participating in accredited programs are expected to disclose relevant financial relationships pertaining to their contribution to the activity, and any discussions of off-label or investigational uses of approved commercial products or devices, or of any products or devices not yet approved in the United States and elsewhere. HMC CPD activities are intended to be evidence-based and free of commercial bias.

Hamad CPD must ensure balance, independence, objectivity, and scientific rigor in CPD activities. All individuals in a position to control educational content must disclose the name of commercial interests producing, marketing, or distributing healthcare related goods or services with which the individual has had a relevant financial relationship within the past 24 months.

Please review the definitions of “commercial interest”, “financial relationships”, “relevant financial relationships”, and “conflict of interest” to ensure compliance.

Definitions:

Commercial interest is any entity producing, marketing, or distributing healthcare related goods or services used on patients. Clinical service providers are not considered commercial interests.

Financial relationships are those in which an individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks), or other financial benefit, usually associated with roles such as employment, independent contractor (including contracted research), consulting, speaking and teaching, membership of advisory committees, review panels, or board membership, and other activities for which remuneration is received, or expected. Relationships of the individual’s spouse are included as those of the individual.

Relevant financial relationships with commercial interests are any that occurred in the 24 months preceding the time the individual is involved in controlling educational content. There is no minimum payment for relationships to be considered relevant. Inherent in any amount is incentive to maintain or increase the value of the relationship.

Conflict of Interest: Circumstances create a conflict of interest when an individual has opportunity to affect educational or scientific content about products or services of a commercial interest with which he/she has a relevant financial relationship.

Required Disclosure of Relevant Financial Relationships during Educational Presentations

At the beginning of an educational presentation, both SPC members and all contributing faculty must disclose all **relevant** financial relationships.

Speakers with no industry involvement should inform the audience that they have no conflict of interest.

Financial relationships **entirely** unrelated to the topic do NOT need to be disclosed.

Any involvement should be declared with a suitable phrase e.g.

"I have/had an affiliation (*state financial or otherwise*) with X pharmaceutical (*or medical device etc*) organization"

"I am a member of an Advisory Board/ Speakers Bureau (*or equivalent*) with X organization"

"I have received payment from X organization (including gifts or 'in kind' compensation)"

"I have received grant(s)/ an honorarium from X organization"

"I hold a patent for a product referred to in the CPD activity (*or that is marketed by X organization*)"

"I hold investments in X organization"

"I am currently participating in (or have participated in) a clinical trial within the past two years"

If relevant financial relationships **do exist**, in addition to disclosure, faculty must declare how the content has been adjusted to avoid commercial bias. For example, faculty may state that:

"I am covering topics other than those represented by my relationship with (Name of commercial entity)." Or

"Any recommendations made during this presentation are evidence-based, or consistent with current consensus-based practice." Or

"I will not be presenting this content in a promotional manner." Or

"I will not endorse (name of commercial entity) during this presentation."

Promotional Activity Restriction & Non-endorsement of Commercial Entities

Endorsement of commercial entities, products, goods and services is not permitted in DHP CPD accredited learning sessions. This will be strictly enforced.

Please e-mail or fax form to

E-mail	
Fax	



DECLARATION OF CONFLICT OF INTEREST

PLANNING COMMITTEE MEMBERS AND SPEAKERS

Everyone in a position to control the content of the Hamad Continuing Professional Development Educational Activity, including planning committee chair and members, all speakers, presenters, moderators must disclose any relationship and/or affiliation with any commercial organization during the past 2 years by completing this form and comply with Hamad Medical Corporation Policy on Conflict of Interest Management and Disclosure, available on the HMC Website.

I am participating in this CPD Educational Activity as:

- ☐ Planning Committee Member
☐ Speaker
☐ Moderator
☐ Both

Section 1: Contact Information *(This information will NOT be released)*

Name:	Mobile Number:
Email:	Office Number:
Work Address:	
Program Information	
Program Name:	
Topic Title:	
Location:	

Section 2: Planning Committee Members and Speaker Disclosure

- ☐ I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device, or communications and event planning company. Speakers who have no involvement with a commercial company should inform the audience that they cannot identify any conflict of interest.
- ☐ I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device, or communications and event planning company. Complete the section below as it applies to you during the past **two calendar years**. Please indicate the commercial company with which you have/had an affiliation, explain briefly what connection you have/had with the company. You **MUST** disclose this information to the audience.

I.	I am a member of an Advisory Board or equivalent with a commercial company. Name of Company: Details of your connection to the company:
II.	I have received payment from a commercial company (including gifts or "in kind" compensation) Name of Company: Details of your connection to the company:
III.	I have received a "grant" or an honorarium from a commercial company: Name of Company: Details of your connection to the company:
IV.	I have a patent or product referred to in the Educational Activity or that is being marketed by a commercial company. Name of Company: Details of your connection to the company:
V.	I hold investment in a pharmaceutical, medical device or communications and event planning company. Name of Company: Details of your connection to the company:
VI.	I am currently participating in/ have participated in a clinical trial within the past 2 years. Name of Company: Details of your connection to the company:

Section 3: For Speakers Only

VII.	I intend to make therapeutic recommendations for medication that have not received regulatory approval (i.e. "off-label use of medication")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 4: Acknowledgment

i I, _____, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature

Date

OP4043 Conflict of Interest.

Below, for your reference is the text of the policy

POLICY/PROCEDURE

TITLE: DECLARATION OF CONFLICT OF INTEREST

ORIGINAL DATE: November 2017

VERSION 1.0

IDENTIFICATION NUMBER: OP 4043

LAST REVISION DATE: June 2018

NEXT REVIEW DATE: June 2021

HOSPITAL(S) ALL HMC HOSPITALS/ENTITIES

1.0 POLICY STATEMENT/PURPOSE:

1.1 The purpose of this Declaration of Conflict of Interest policy is to protect the interests of healthcare practitioners who attend continuing professional development (CPD) activities approved by the Qatar Council for Healthcare Practitioners-Accreditation Department (DHP - AS) for Hamad Medical Corporation. Compliance with the policy will ensure any content is based on scientifically credible, valid and reliable evidence and participants are not inadvertently exposed to bias. To avoid bias any relationship between a commercial entity, and all persons that could have an influence on the content of the educational activity, must be disclosed and managed appropriately.

2.0 DEFINITIONS:

2.1 **Conflict of Interest:** is a set of circumstances that may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

2.2 **Interested Persons:** Anyone in a position to control the content of an educational activity, including the chair and members of the scientific planning committee (SPC), speakers, moderators and event and/or communication and marketing personnel.

2.3 **Scientific Planning Committee (SPC):** a group constituted of target audience representatives responsible for the identification of learner needs, design and delivery of the activity, selection of SPC members, moderators, facilitators, and speakers, evaluation of the activity, compiling all required documentation and accessible storage in compliance with DHP - AS accreditation standards.

2.4 **Sponsor:** An individual group, corporation or organization (for profit and not for profit) that provides financial and in-kind support for the development, delivery and/or

evaluation of a DHP - AS accredited CPD activity, learning resource or tool (DHP - AS 2015:9).

2.5 Financial and in-kind Support: the provision of resources (financial or in kind) provided by a sponsor for the development, delivery and evaluation of an DHP - AS accredited activity, learning resource or tool.

2.6 Financial interest: if the person has directly, or indirectly, through business, employment, investment or family and/or the following:

2.6.1 Ownership or investment interest in any commercial entity (pharmaceutical company, medical devices manufacturer, nutritional support, communication and event planning company) during the last (2) years

2.6.2 Membership in a commercial company committee or board

2.6.3 Research grant from a commercial organization

2.6.4 Involvement of design of clinical studies using products mentioned in the educational activity

2.6.5 Honorarium, consulting fee, salary or any monetary support from a commercial organization

2.6.6 Ownership of patent of a commercial product referred to in the presentation

3.0 PROCEDURE/PROCESS (see 4.0 Figure 1):

3.1 Duty to Disclose: In connection with an actual or possible conflict of interest an interested person must disclose the existence of any financial interest and all material facts to the Scientific Planning Committee and following due process (see 3.3), if not resolved, referred to the Hamad-CPD Program Steering Committee.

3.2 Receiving Financial and in-kind support: a scientific planning committee cannot accept advice from a sponsor on condition of receiving financial or in-kind support. Specific interests of any sponsor must not have a direct or indirect influence in any aspect of development, delivery or evaluation of a DHP - AS accredited CPD activity. The terms, conditions and purpose of the sponsorship/support provided must be documented in a written agreement signed by the Sponsor and authorized HMC designee.

3.3 Training in company products or technological devices: training in the use of existing product or device may be approved as an accredited CPD activity ONLY if it fulfils the following criteria:

3.3.1 The activity is not for marketing purposes and does not include promotional materials.

3.3.2 The activity is organized by a HMC CPD committee/ SPC.

3.3.3 Representatives of the commercial entity should not act as educators/speakers/facilitators during educational sessions unless they are providing an essential demonstration and when no healthcare practitioner is qualified to provide such a demonstration.

3.3.4 The participation of representatives of the commercial interest organization should be approved and rationalized by the SPC of the activity.

3.4 Declaration of Conflict of Interest: The chair, all members of the Scientific Planning Committee, presenters, moderators and event and/or communication and marketing personnel **are required to complete the Conflict of Interest form** (*see above*). Completed forms should be copied in PDF format, stored with all activity related documentation in compliance with DHP - AS standards for a six-year period, and be readily available for audit purposes if required.

3.5 Procedure for Addressing a Conflict of Interest: see diagram 6.1 below

3.5.1 The Chair of the Scientific Planning Committee is responsible for ensuring that Conflict of Interest forms are completed.

3.5.2 The Scientific Planning Committee is responsible for identifying and managing actual and potential conflicts of interest after reviewing all submitted forms.

3.5.3 If the Chair and/or members of the Scientific Planning Committee are identified as an 'interested person' they must exempt themselves from any discussion, decision making and arrangement and management of the Conflict of Interest.

3.5.4 In order to manage any actual or potential conflict of interest identified the Scientific Planning Committee may request:

3.5.4.1 Changing the speaker/presenter

3.5.4.2 Changing the topic to be presented

3.5.4.3 Elicit agreement to edit the content of the presentation

3.5.4.4 Conduct an independent review of the content of the presentation and require any part of the content that illustrates a conflict of interest to be edited and/or monitoring the educational activity to evaluate any commercial bias.

3.5.4.5 Not seek award of CPD hours for a portion or all of the activity

3.5.4.6 Any identified conflict of interest and its resolution should be notified in the first instance to the Chair of the Department CPD Committee.

3.5.4.7 If the matter cannot be resolved by the Scientific Planning Committee the Chair is required to escalate the details of the Conflict of Interest and any relevant

documentation to the Hamad-CPD Program Committee for resolution via the Chair of the relevant Department CPD Committee/CPD lead.

3.6 Disclosure of Conflict of Interest to participants:

3.6.1 Disclosure and non-disclosure of any conflict of interest by a presenter must be verbal and displayed on a disclosure slide(s) at the start of the presentation (see 6.2 Disclosure Slide Template).

3.6.2 The slide process must disclose the nature and names of any commercial relationship, the support received and how potential bias has been mitigated.

3.6.3 All participants should have the opportunity to indicate if they perceive bias in a presentation and/or activity. All DHP approved CPD/CME activities must give participants an opportunity to complete an evaluation. Any evaluation/feedback forms must include a question pertaining to perception of bias.

3.6.4 The Chair of the Scientific Planning Committee is responsible for reviewing any responses that raise concerns regarding bias and report it to the Hamad-CPD Program Steering Committee via the Chair of the relevant Department CPD Committee/CPD Lead.

3.7 Management of Conflict of Interest by Hamad-CPD Program Committee:

3.7.1 Hamad-CPD Program Committee is the HMC entity accountable for compliance with DHP - AS CPD Activity Accreditation Standards including resolution of actual or perceived conflicts of interest. As such must retain a record of all deliberations, decisions, and actions taken be maintained and available for audit purposes to the DHP - AS.

3.7.2 The Hamad-CPD Program Committee will review educational activities (1) where there has been disclosure of a conflict of interest that has not been resolved by the Scientific Planning Committee and (2) responses from participants that raise concerns about bias.

3.7.3 The Hamad-CPD Program Committee following deliberation of a conflict of interest or perceived bias must inform the relevant department CPD Committee/CPD Lead and Chair of the Scientific Planning Committee.

4.0 DOCUMENTATION:

4.1 Figure: 1 HMC Procedure for Conflict of Interest

5.0 REFERENCES:

5.1 DHP - AS (2015) Ethical Standards for Accredited CPD Activities Doha: Qatar Council for Healthcare Practitioners (available for download from

<https://itawasol/EN/How%20We%20Work/education-and-training/Continuing%20Professional%20Development/Documents/DHP-Ethical-Standards-for-Accredited-CPD-Activities-Ver6-FINAL.pdf>

5.2 Royal College of Physicians and Surgeons, College of Family Physicians, College des Mediciens du Quebec (2016) (available for download

from http://www.royalcollege.ca/portal/page/portal/rc/common/documents/cpd_accreditation/national-standard/national-standard.pdf

6.0 (OP 4043) Declaration of Conflict Of Interest

Suggested Declarations relating to Conflict of Interest for Presentations

Conflict of Interest Slide

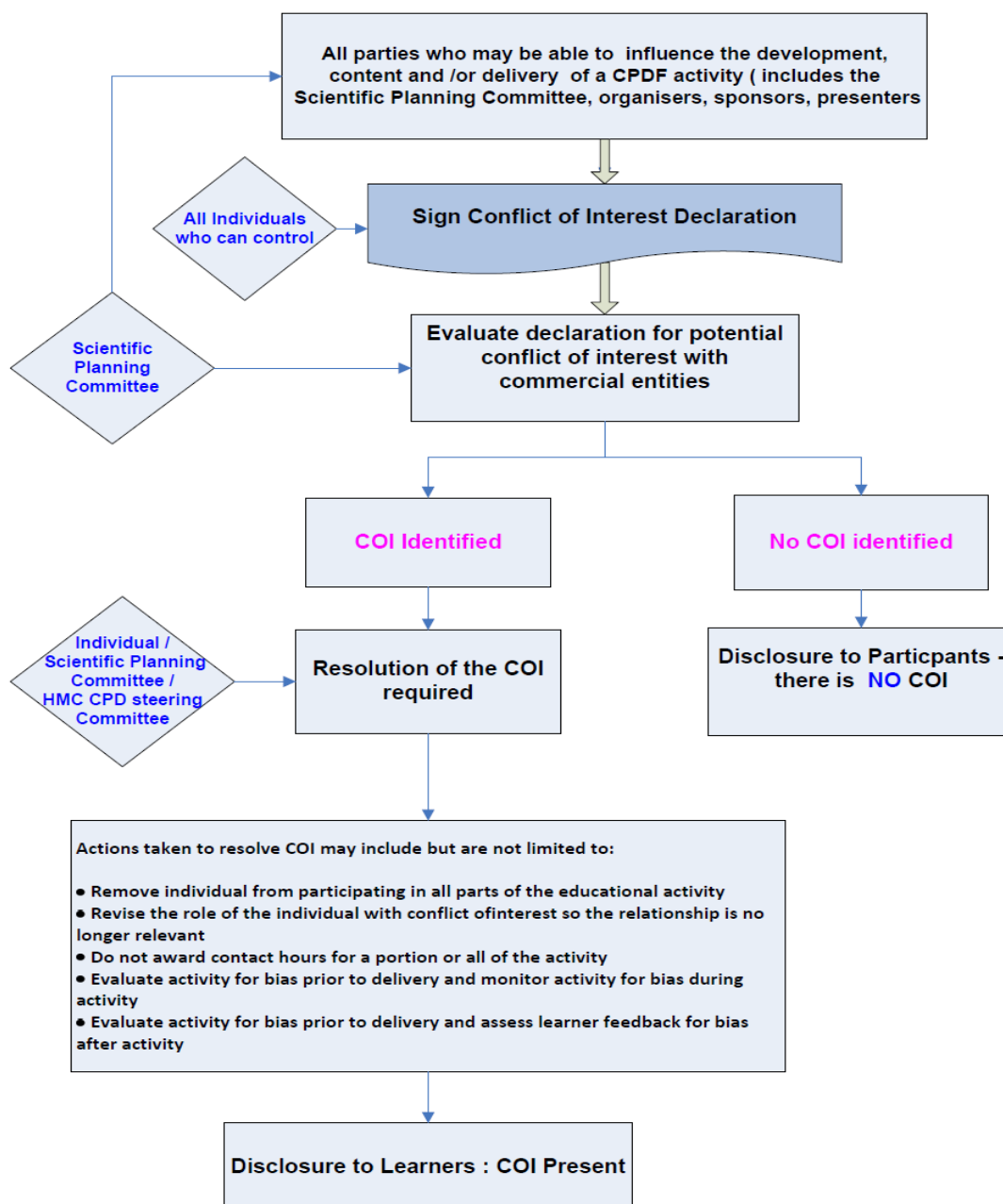
- I have no conflict of interest to declare

- *Or (if relevant financial relationships exist, in addition to disclosure at the beginning of the presentation, faculty must discuss how the content has been adjusted to avoid the introduction of commercial bias during the presentation. For example, faculty may state that:*

- I am recipient of a grant from / on the board of.../ provide advice for/ etc
 - *And perhaps something along the examples below, whichever is felt appropriate*
- “I am covering topics other than those represented by my relationship with (Name of commercial entity).”
- “I will not be presenting this content in a promotional manner.”
- “I will not endorse (name of commercial entity) during this presentation.”
- “Another faculty member is covering content related to this commercial entity.”
- “There will be no case studies or activities presented that in any way represent past, current or prospective clients of (name of commercial entity).”
- Any recommendations made during this presentation are evidence-based, or consistent with current consensus-based simulation practice.”

6.1

HMC Procedure for Conflict of Interest



Guidance on Disclosure of Relevant Financial Relationships

Hamad CPD must ensure balance, independence, objectivity, and scientific rigor in educational activities. **All individuals in a position to control educational content** must disclose the name of commercial interests producing, marketing, or distributing healthcare related goods or services with which the individual has had a relevant financial relationship **within the past 24 months**.

Please review the definitions of “commercial interest”, “financial relationships”, “relevant financial relationships”, and “conflict of interest” to ensure compliance.

Definitions:

Commercial interest is any entity producing, marketing, or distributing healthcare related goods or services used on patients. Clinical service providers are not considered commercial interests.

Financial relationships are those in which an individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks), or other financial benefit, usually associated with roles such as employment, independent contractor (including contracted research), consulting, speaking and teaching, membership of advisory committees, review panels, or board membership, and other activities for which remuneration is received, or expected.

Relationships of the individual’s spouse are included as those of the individual.

Relevant financial relationships with commercial interests are any that occurred in the 24 months preceding the time the individual is involved in controlling educational content. **There is no minimum payment for relationships to be considered relevant.**

Inherent in any amount is incentive to maintain or increase the value of the relationship.

Conflict of Interest: Circumstances create a conflict of interest when an individual has opportunity to affect educational or scientific content about products or services of a commercial interest with which he/she has a relevant financial relationship.

Required Disclosure of Relevant Financial Relationships during Educational Presentations

At the beginning of an educational presentation, both SPC members and all contributing faculty must disclose all **relevant** financial relationships.

Speakers with no industry involvement should inform the audience that they have no conflict of interest.

Financial relationships **entirely** unrelated to the topic do NOT need to be disclosed.

Any involvement should be declared with a suitable phrase e.g.

"I have/had an affiliation (*state financial or otherwise*) with X pharmaceutical (*or medical device etc*) organization"

"I am a member of an Advisory Board/ Speakers Bureau (*or equivalent*) with X organization"

"I have received payment from X organization (including gifts or 'in kind' compensation)"

"I have received grant(s)/ an honorarium from X organization"

"I hold a patent for a product referred to in the CPD activity (*or that is marketed by X organization*)"

"I hold investments in X organization"

"I am currently participating in (or have participated in) a clinical trial within the past two years"

If relevant financial relationships **do exist**, in addition to disclosure, **faculty must declare how the content has been adjusted to avoid commercial bias**. For example, faculty may state that:

"I am covering topics other than those represented by my relationship with (Name of commercial entity)." Or

"Any recommendations made during this presentation are evidence-based, or consistent with current consensus-based practice." Or

"I will not be presenting this content in a promotional manner." Or

"I will not endorse (name of commercial entity) during this presentation."

Promotional Activity Restriction & Non-endorsement of Commercial Entities

Endorsement of commercial entities, products, goods and services is not permitted in DHP CPD accredited learning sessions. This will be strictly enforced.

APPENDIX E: OP 4044 HMC CPD Privacy and Confidentiality of CPD

Participants information Policy

Below, for your reference is the text of the policy

POLICY STATEMENT AND PURPOSE:

- 1.0** Licensed healthcare practitioners in Qatar must meet the Qatar Council for Healthcare Practitioners (DHP) Continuing Professional Development (CPD) requirements to comply with their licensure requirements, as well as mandatory training as required by Hamad Medical Corporation and/or Departments.
- Individual healthcare practitioners can expect privacy and confidentiality of their CPD information; however there must be a balance between personal compliance /competency and corporate responsibilities to manage performance and manage risk.** This policy applies to all education and training providers, faculty, administrators, managers, sponsors and participants in HMC CPD programs.

2.0 DEFINITIONS:

2.1 CONFIDENTIALITY – Carries “the responsibility for limiting disclosure of private matter, it includes the responsibility to use, disclose, or release such information only with the knowledge and consent of the individual.”

2.2 PRIVACY – An individual’s desire to limit the disclosure of personal information and avoidance of notice or display.

2.4 DHP -AD Qatar Council of Healthcare Practitioners – Accreditation Department. The statutory authority in Qatar managing the CPD program for licensed healthcare practitioners

2.5 SECURITY – Measures to protect the confidentiality, integrity and availability of information systems used for access.

2.6 AUTHORIZATION – A special written permission/consent is granted for the use and/or disclosure of a staff member’s information

2.7 AUTHORIZED ACCESS – A special privilege granted to HMC staff according to law and regulations based on “need to know”.

2.8 DISCLOSURE – The divulging, release or transfer of information; or the provision of access to information in any manner.

2.9 DE-IDENTIFICATION – The process of deleting identifying data to maintain anonymity and privacy of individuals or patients.

3.0 PROCEDURE/PROCESS:

3.1 *The information provided by participants in HMC CPD activities should be respected and protected. This includes names, profession, performance and participation data e.g scores and other personal data*

3.2 *Data that has been aggregated, and de-identified, may be used for quality assurance and reporting purposes*

3.3 *Electronic records management must be in compliance with HMC Data Management policy for all staff*

3.4 *Records must be accessed by only those people involved in the CPD program of the department*

3.5 *Staff may be required to provide summaries of CPD activities as part of performance appraisal process*

3.6 ***Participant information must not be shared with commercial entities, sponsors or other organizations.***

4.0 DOCUMENTATION: nil;

5.0 REFERENCES:

5.1 *DHP - AD Manual for practitioners*

5.2 *Policy OP 4086 Information Security*

5.3 *Policy OP 4042 Privacy ,confidentiality and access to health information .*

Policy **Data management**

APPENDIX F: Hamad CPD Commercial Sponsorship guidance; Basic Rules on Sponsorship; Compliance with DHP Ethical Standards; Sponsorship agreement form, Policy OP 4041: Sponsorship from Commercial Sources of Accredited Continuing Professional Development (CPD) Activities

It is the policy of Hamad Medical Corporation to adhere to Qatar Council for Healthcare Practitioners (DHP) Criteria, Policies, and Standards for Commercial Support and content validation in order to ensure fair balance, independence, objectivity, and scientific rigor in all its CPD programs. All faculty participating in accredited programs are expected to disclose relevant financial relationships pertaining to their contribution to the activity, and any discussions of off-label or investigational uses of approved commercial products or devices, or of any products or devices not yet approved in the United States and elsewhere. HMC CPD activities are intended to be evidence-based and free of commercial bias.

You must ensure that your arrangements with any commercial sponsor comply with the points below to be eligible for DHP CPD. If you need clarification, please get in touch with your relevant CPD lead. All this information is within the DHP Ethical Standards.

Corporate Communications have been asked to be very careful, but other conference companies will need particular guidance. That is your responsibility as SPC.

Commercial Sponsors are permitted but **must be disclosed to your audience and** acknowledged with the DHPs approved statement. E.g. with a slide at the start of meeting *using **this** statement*

“This CPD activity is supported by financial and/or in-kind support from the following sponsors:” **Use company names not logos**

Beyond the standard acknowledgement statement of financial and in-kind support the linking of a sponsor’s name (or other branding) to any educational session or section of an educational program within an accredited group learning activity **is prohibited.**

Sponsorship recognition must appear on a leaflet or flyer **entirely separate** from the educational content, activity schedule, learning objectives, and accreditation statement **never on the same program flyer or leaflet**

Ideally use a completely separate sponsorship acknowledgment booklet, which ONLY details sponsorship, then you may use logos.

Product-specific advertising, promotional materials or branding strategies cannot be included on/appear within locations where accredited CPD sessions are occurring (e.g. lecture halls, small group discussion rooms) immediately before, during or immediately after an accredited CPD activity

This means any flyers/ roll ups etc. with logos on must be well **outside** the room(s) where the accredited activity takes place - usually we advise in the coffee or eating room. **The rollups should be only about thanking them for the sponsorship - not linking the company logos to the event title or any other activity information.**

Product-specific advertising, promotional materials or branding strategies **cannot be included on, appear within, or adjacent to:**

- Any educational materials, slides, abstracts and handouts used as part of an accredited CPD activity
- Activity agendas, programs or calendars of events (preliminary and final)
- **Any webpages or electronic media containing educational material. - Maybe use a hyperlink to the sponsor's page?**

Commercial exhibits or advertisements must be arranged in a location that is completely separated from the accredited CPD activity.

Sponsors must have no influence (direct or indirect) over meeting content. The SPC cannot be required to accept advice concerning speakers, the activity development, delivery or evaluation as a condition of sponsorship.

The terms, conditions and purposes by which sponsorship is provided must be documented in a written agreement that is signed by the SPC and sponsor (you have been provided with that)

Any incentive provided to participants associated with an accredited CPD activity must be approved by the CPD provider organization. High value gifts not advised as they may be perceived as an attempt to influence. If in doubt, please check with us!

If a sponsor wishes to run a satellite sponsored symposium that must be **clearly identified as such**. This cannot earn CPD credit and must occur at a separate time and location that

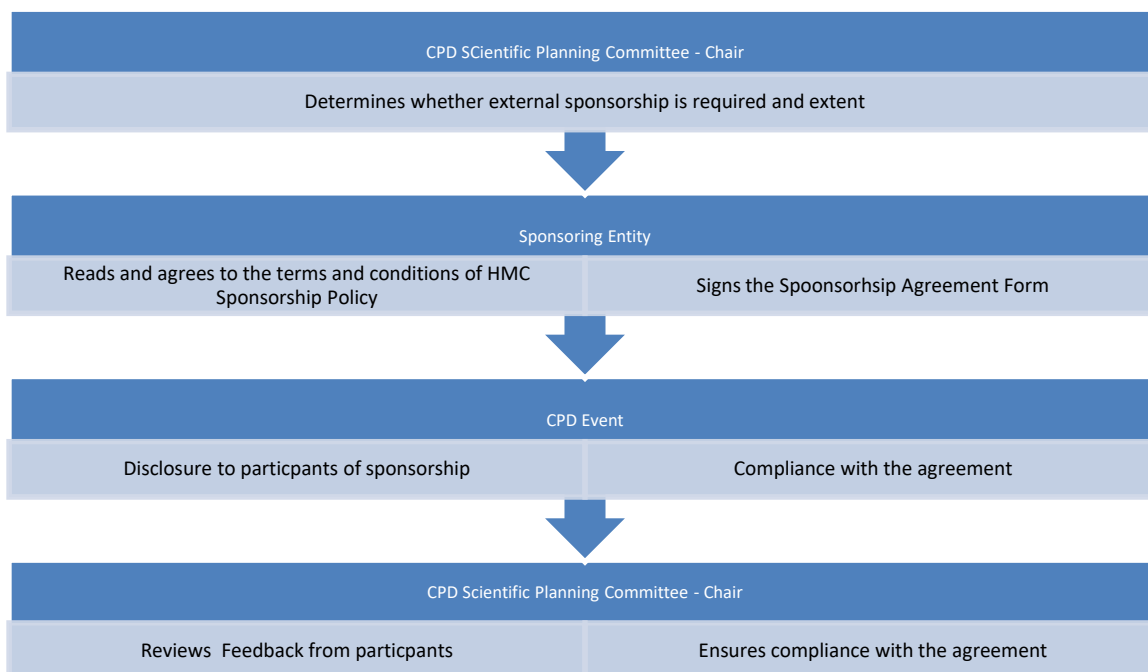
does not compete with accredited CPD activities.

These unaccredited activities cannot be listed or included within agenda, programs or calendar of events (preliminary or final) - they must go on a completely different page, although you can indicate to the audience where to look for that information e.g. by tabling 'lunchtime satellite symposium see next page'

All income from commercial sources must be declared as part of your full documentation of conference budget. Companies must not pay any speaker directly, neither honorarium nor expenses.

Please note: All accredited educational events may be subject to both HMC and DHP team audit. For sponsored events adherence to these guidelines will be a major emphasis within the audit. Major deviation from these standards could result in your event losing its DHP CPD accreditation

The flow diagram below outlines the essential steps in managing sponsorship of Hamad CPD Events



Completion of the sponsorship agreement below is an essential part of this process and is required for all sponsored CPD events.

Also included is an example of a DHP compliant sponsorship prospectus. **Please note that this is probably more useful to you in terms of what it doesn't offer, than what it does!**

Department:**CPD Activity:****SPONSORSHIP AGREEMENT FORM**

Sponsorship is financial or in-kind contributions from an organization that fits within the category of a commercial interest and that are used to pay for all or part of the costs of a CPD activity.

(A commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.)

Note: Organizations providing sponsorship may not provide or co-provide a DHP approved educational activity. They must not influence the agenda or the content.

Organization providing sponsorship:
Total amount of sponsorship:
All sponsorship must be Unrestricted (this is a strict DHP rule)
Sponsors Please initial that you understand this

NB The SPC maintains responsibility for all decisions related to the activity as described below.

Terms and Conditions	
1.	This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship.

2.	<p>The SPC/ Approved Provider is responsible for all decisions related to the educational activity. The organization providing sponsorship may not participate in any component of the planning process of an educational activity, including:</p> <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content ▪ Selection of planners, presenters, faculty authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
3.	<p>The SPC/ Approved Provider will make all decisions regarding the disposition and disbursement of sponsorship in accordance with HMC/ DHP guidance.</p>
4.	<p>All sponsorship associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.</p>
5.	<p>Sponsorship will be disclosed to the participants of the educational activity.</p>
6.	<p>The organization providing sponsorship may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. Any sponsored exhibit or talk must not take place alongside, or in competition with CPD accredited activities.</p>
7.	<p>The Commercial Interest Organization will not recruit learners from the educational activity for any purpose.</p>

Statement of Understanding

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Sponsorship Agreement above.

Electronic Signature (Required)	Date:
Completed By: (Name and Credentials)	

Organization providing sponsorship:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
Signature Date:	
Completed By: (Name and Credentials)	

OP 4041: SPONSORSHIP FROM COMMERCIAL SOURCES OF ACCREDITED CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES

POLICY/PROCEDURE

TITLE: SPONSORSHIP FROM COMMERCIAL SOURCES OF ACCREDITED CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES

ORIGINAL DATE: **November 2017** VERSION: **1.0** IDENTIFICATION NUMBER: **OP 4041**

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HOSPITAL(S) **ALL HMC HOSPITALS / ENTITIES**

1.0 POLICY STATEMENT AND PURPOSE:

1.1 This policy outlines Hamad Medical Corporation (HMC) standards regarding the support of continuing professional development (CPD) activities or resources by commercial

sponsors. Such activities or resources include but are not restricted to courses, seminars, conferences, workshops, journal clubs, hospital approved rounds, lectures, Internet courses, and the production of learning resources, e.g. CD-ROM or videotapes.

Accredited activities and resources should be fair, balanced and free of commercial bias.

1.1.1 **Commercial interest shall not influence:**

1.1.1.1 Identification of learning needs

1.1.1.2 Development of educational objectives

1.1.1.3 Selection and presentation of content, including speakers

1.1.1.4 Selection of all persons and organizations that shall control the content of and registration of the educational activity

1.1.1.5 Selection of educational methods

1.1.1.6 Evaluation of educational activities

1.2 This policy applies to all Hamad Medical Corporation accredited CPD educational events and to entertainment, exhibits and satellite symposia occurring at any such event.

1.3 This policy is in compliance with the accreditation requirements of the Qatar Council of Health Practitioners – Accreditation Department (DHP - AS)

2.0 DEFINITIONS:

2.1 Accreditation (applies to Continuing Professional Development courses, events, educational resources) the successful review of an educational activity or resources by the HMC Continuing Professional Development Steering Committee (HMC CPD SC) or their delegate. Upon accreditation, HMC CPD SC may assign DHP - AS hours that shall be eligible for credits by DHP.

2.2 Accredited Provider :

2.2.1 A health professional organization or group, that plans, delivers and evaluates continuing education activities and has been recognized by an accrediting body (in Qatar the DHP - AS). This definition excludes pharmaceutical companies and their advisory groups, medical and surgical supply companies, and communication companies.

2.3 Approval:

2.3.1 For the purposes of this policy, approval implies the successful review of an educational activity or resource by a peer review and/or educational standards committee.

2.4 Continuing Professional Development (CPD) Activity

2.4.1 A CPD activity is based on identified learning needs, has a purpose or objectives, and is evaluated to assure the learning needs are met. A CPD activity is distinct from a social event.

2.5 Conflict of Interest:

2.5.1 A conflict of interest may arise where an individual's personal or other interests are in actual, potential or perceived conflict with their duties or responsibilities to provide education or participate in an educational event.

Mere existence of a conflict of interest does not imply wrongdoing; however, when conflicts of interest do arise, they should be recognized, disclosed and properly managed. For the purpose of this document, relevant potential conflicts shall be those from the past five years.

2.6 Commercial Interest: Any entities that do business with the intent or possibility of commercial gain, generating a profit, or increasing equity. This does not include charitable organizations, military, non-governmental (NGO) or quasi-governmental organizations.

2.7 Sponsors:

2.7.1 A company, organization, institution, government agency or other entity (for-profit or not-for-profit) that contributes financial or in-kind resources to a CPD activity.

2.8 Consulting:

2.8.1 Consulting relationships include contractual relationships, advisory boards, speaker's bureau, research and any relationship whereby the faculty member receives, or has the expectation to receive, income for services other than clinical or university work. This includes honoraria, commissioned papers, and fees for speaking, chairing and administration of meetings including in-kind considerations.

2.9 Learner (Participant):

2.9.1 Learners are participants whose learning needs have priority. Learners are responsible for identifying knowledge gaps, actively participating in filling them, and keeping track of their learning gains.

2.10 Speakers Bureau:

2.10.1 This is defined as a relationship in which the faculty member is under contract to, or paid by, a company and the company selects any of: the topic, any part of the content of a talk, or any members of the audience. Programs run by for-profit educational companies are included in this category.

2.11 Unrestricted Educational Grant:

2.11.1 All funds from a commercial source should be in the form of an educational grant payable to the institution or organization sponsoring the CPD activity, with no stipulations attached such as selecting faculty, authors, participants, or any matters related to the content. It is acceptable to designate an unrestricted educational grant to a specific CPD event. **Subsidies should not be accepted if specifically designated for hospitality purposes.**

2.12 Scientific Planning Committee:

2.12.1 The group of people tasked with developing the CPD activity and ensuring accreditation standards are adhered to.

2.13 **Satellite Symposia:**

2.13.1 These are separate meetings held in proximity (either spatially or temporally) to conferences and other CPD events. These are frequently produced by commercial interests, often without the restrictions of commercial sponsorship policies and guidelines.

3.0 **PROCEDURE/PROCESS:**

3.1 **Separating Education from marketing:**

3.1.1 Health care professionals should maintain professional autonomy and independence in relation with commercial entities (e.g. Pharmaceutical companies, instrument and device manufactures).

3.1.2 Acceptable commercial support should be distinct from activities intended to promote the marketing of a particular product.

3.2 **Needs Assessment:**

3.2.1 Educational events should be planned to address the educational needs of the audience, whether that be students, trainees or health care providers. Faculty planners are responsible for the content, organization and financial arrangements of these events, **without influence from sponsors.**

3.2.2 A comprehensive needs assessment should be conducted, ideally using multiple means of needs assessment to determine the perceived, misperceived and unperceived needs of their learners.

3.2.3 The needs assessment should occur prior to any negotiation with potential commercial sponsors.

3.3 **Course Content, Objectives and Evaluation:**

3.3.1 Invitations to participate in planning for CPD activities should emanate from the CPD scientific planning committee (SPC), not from commercial sponsors. Course planners should choose course topics, learning objectives, learning methods and ensure decisions are made free of the influence of commercial interest.

3.3.2 Evaluation mechanisms should contain questions that ask whether learners perceived commercial bias in the materials received from the presenters or authors.

3.4 **Selection of Topics and Speakers:**

3.4.1 As a condition of receiving funds or services, a CPD provider should not be required to accept advice or services concerning the selection of teachers, authors, participants, or other education matters including content, from a commercial sponsor.

3.4.2 Travel arrangements, registration, expenses, and honoraria should all be arranged and paid through event planners, and not through commercial sponsors or their agents.

3.5 Unbiased presentation of content:

3.5.1 Presentations should give a balanced view of all available relevant therapeutic options available. In those circumstances where there is only one product, service or drug, a fair assessment should be presented to learners. The use of generic names is required. In the event trade names are employed, reference to multiple trade names representing several companies is preferable to referencing a single trade name from a single company.

3.5.2 It is prohibited to use the name or institutional logo of HMC in a manner that constitutes promotion of a commercial product (e.g. presentation slides).

3.6 Direction of Funds:

3.6.1 **All funds from a commercial source should be in the form of an unrestricted educational grant to HMC. It is acceptable to designate an unrestricted educational grant to a specific CPD event.**

3.6.2 Events should have sponsorship from multiple sources to avoid the perception of ownership that a single commercial source may imply. Funds should be held centrally at an institution (hospital, university department or division). Funds should not be held by any one individual.

3.6.3 Audit mechanisms should be established to assure compliance with HMC and national standards. Financial statements for each sponsored event should be available for audit by the departments, HMC Department of Finance, the HMC CPD SC, and commercial sponsors.

3.7 Disclosures:

3.7.1 Disclosure of commercial affiliations, sponsorships, honoraria, monetary support, contract research, and other potential conflicts of interest should be made to the participants in a CPD activity by HMC faculty, planning committee members and visiting speakers.

3.7.2 Faculty members should fully disclose income received from participation in industry advisory boards, speakers' bureaus or consultation to industry. Faculty disclosures should cover relevant relationships for a period of five years prior to the course. (See OP 4011 Conflict of Interest Policy).

3.8 Commercial Displays and Promotional Materials:

3.8.1 **Commercial displays and materials should be in a separate room from educational activities.** A statement from the SPC to potential exhibitors and/or commercial sponsors should indicate that gift items cannot be distributed.

3.8.2 This includes small items bearing the exhibitor's name and/or logo to the participants in the venue where the CPD activity is occurring. When commercial exhibits are included in the program, they should not influence the planning or interfere with the presentation of the educational activity.

3.8.3 Exhibitors and/or sponsors may not use Hamad Medical Corporation name or logo unless specifically approved by the HMC CPD Office.

3.9 Satellite Symposia:

3.9.1 Registrants may perceive such programs as integral to the accredited program and be unaware of commercial bias. Thus, conference planners should take care to ensure that:

3.9.1.1 Registrants at the program shall be aware that such satellite symposia are not accredited by HMC or DHP.

3.9.1.2 Such activities shall be promoted (marketed or 'branded') in a way which clearly identifies the satellite activity as distinct from the accredited program;

3.9.1.3 The satellite symposia shall be located in an area separate from HMC/ DHP accredited program, and.

3.9.1.4 The satellite symposia do not run concurrently with the accredited program.

3.10 Social Events:

3.10.1 Commercial sponsors may not directly subsidize or name hospitality and other arrangements for faculty, planning committees, registrants, or guests. Facilities, catering, and other activities should be in keeping with arrangements made without commercial sponsorship. These activities should not be in the control of or managed by commercial sponsors.

3.11 Registration:

3.11.1 Registration fees:

3.11.1.1 Registration for accredited programs should be through HMC faculty member planners and not through an industry representative event planner service.

3.11.1.2A registration fee if applicable is generally required from all nonteaching participants, since it is preferable that registrants bear some responsibility for the program in order to reduce perceived or real influence on learning. Exceptions to this general rule include rounds, faculty development activities, and research-oriented programs or events.

3.11.2 Payment to Registrants:

3.11.2.1 Commercial sponsors may not provide or subsidize travel, lodging, honoraria, or personal expenses *direct to practicing health professional attendees or their guests*. For students, residents or

fellows in accredited programs, commercial sponsorship for the participation of such learners may occur by contributing to a scholarship fund.

3.11.2.2 The selection of physician trainees and the expenditures of these funds is the responsibility of the Course Director and the relevant Department/Division Chair, Director of Postgraduate Education, or designate.

3.11.2.3 The corporate donor should always remain neutral in decisions regarding the specific allocation of such awards.

3.11.3 Sharing of Registrant Data – Sponsors are not allowed to obtain the names or personal details of registrants from the SPC (see privacy policy).

3.12 Gifts & Payments to Teachers:

3.12.1 The planning committee may consider payment to faculty speakers for their participation at a CPD event. At the discretion of the SPC Chair, expenses incurred in making a presentation may be reimbursed, and small gifts are acceptable.

3.13 Guest Faculty / Visiting Speakers:

3.13.1 It is appropriate for guest faculty at conferences or meetings to accept both reasonable honoraria and reimbursement for personal travel, lodging, and meal expenses. Guest faculty may not be paid directly by commercial organizations, but should be paid through the course planners. Remuneration should be commensurate with the work completed.

3.14 Acknowledgements:

3.14.1 Course directors may acknowledge commercial support as noted below. Advertising for commercial products by name or by indication is not permitted.

3.14.1.1 Course Brochures:

3.14.1.1.1 *Commercial sponsors may **not** be listed in any part of: the schedule of activities or any material related to the academic content, the list of faculty (including SPC members and speakers), the course objectives, or on the front of brochures.* Educational grants are documented in course brochures under “Acknowledgements.”

3.14.1.2 Posters, Flyers and One-Page Brochures:

3.14.1.2.1 Acknowledgements may be listed at the bottom in a font not larger than the text of the brochure.

3.15 Websites and other Electronic Formats:

3.15.1 In a one-page or one-screen format, acknowledgements may be listed in a font not larger than the text of the brochure. In a multi-page or multi-screen format, acknowledgements may **not** be on the main (home) page, on a list of faculty or with the learning activities.

3.15.2 Advertisements and promotional materials are not permitted on websites for CPD programs. “Pop-ups” are not allowed. Links should open a new window, leaving the educational site open in the background.

3.15.3 Links to commercial sponsors’ home pages (but not to pages related to product) may be established, on the acknowledgments page, so long as disclaimers are clearly in place, indicating that Hamad Medical Corporation/ DHP is not responsible for the linked content.

3.16 Printed CPD Handouts or Syllabi, Advertisements, Promotional Material:

3.16.1 **Advertisement and promotional materials should not be inserted within the pages of the CPD content.** They may be inserted at the end of the syllabus, not facing any content, and should be clearly marked as advertising or promotional content.

3.17 Live Activities:

3.17.1 Commercial displays and materials should be in a **separate room from educational activities**. Providers may not allow representatives of commercial interests to engage in sales or promotional activities during the accredited program. In acknowledgement of commercial sponsors, e.g. presentation slides or announcements, only the company name may be used. The use of product names is strictly prohibited.

3.18 Sponsorship Agreements:

3.18.1 **There should be a signed agreement when any monetary or in kind sponsorship is engaged in (Appendix 1) and this should be included in the application for CPD accreditation of the event.**

4.0 DOCUMENTATIONS: Not Applicable.

5.0 REFERENCES:

5.1 DHP Accreditation Standards.

5.2 OP4071 Sponsorship by Pharmaceutical Companies.

5.3 OP 4011 Conflict of Interest policy.

5.4 Privacy and Confidentiality policy

7.0 ATTACHMENTS:

7.1 Appendix 1 Sponsorship Agreement Form. See above

7.2 Appendix 2 HMC Sponsorship Procedure. See above

Example DHP compliant sponsorship package - please note that the provision of space in the knowledge zone only applies to non-commercial bodies eg governmental sponsors

Middle East Forum on Quality and Safety in Healthcare 2018
PARTNERSHIP PACKAGES

5

Platinum Package: 300,000 QR (Sold Out)

Partnership benefits:

- Recognition of partners in opening and closing ceremony.
- Recognition of partners in Media releases.
- 10 complimentary staff registrations.
- 5 VIP invitees to opening ceremony.
- Platinum Partner would have a **10x5 meter** booth in the Knowledge Zone, including:
 - Wall Branding
 - Desk and two chairs
 - TV screen
 - Access to power
 - Brochure holders

Diamond Package: 200,000 QR

Partnership benefits:

- Recognition of partners in opening and closing ceremony.
- Recognition of partners in Media releases.
- 5 complimentary staff registrations.
- 3 VIP invitees to opening ceremony.
- Diamond Partner would have a **7x5 meter** booth in the Knowledge Zone, including:
 - Wall Branding
 - Desk and two chairs
 - TV screen
 - Access to power
 - Brochure holders

Partnership

Gold Package: 150,000 QR

Partnership benefits:

- Recognition of partners in opening and closing ceremony
- Recognition of partners in Media releases
- Gold Partner would have a **3x3** booth in the Knowledge Zone, including:
 - Wall Branding
 - Desk and two chairs
 - Access to power
 - Brochure holders

Silver Package: 75,000 QR

Partnership benefits:

- Recognition of partners in opening and closing ceremony
- Recognition of partners in Media releases
- Silver Partner would have a **Table Tops** in the Knowledge Zone, including:
 - Table and two chairs
 - Access to power
 - Brochure holders

Partnership Package Booking Form

Only completed and signed forms will be accepted

Partnering Organization Information

Name of Organization	
Name and Credentials of Representative	
Address	
Email Address	
Phone Number	
Fax Number	
Signature	

Partner would like to book the following (please tick one box)

Payments by _____ (bank and account details will be provided by HMC)

- ☐ Platinum Package 300,000 QR
☐ Diamond Package 200,000 QR
☐ Gold Package 150,000 QR
☐ Silver Package 75,000 QR

Agreement

On behalf of _____ (organizations name),

I hereby agree to all of the terms and conditions stated below by Hamad Medical Corporation.

Name
Signature*
Date
Organizations Stamp

*Electronic signatures from representatives authorize indicates agreement of the terms and conditions.

Appendix G. CPD Framework Table – CPD Activities

Desc ription		CPD Activities		Credit Rating	Supporting Documentation Requirements
Category 1 - Accredited Group Learning Activities					
Activities that have been deemed to meet a set of administrative , educational and ethical standards established by the Qatar council for healthcare practitioners (QCHP-AD)		<ul style="list-style-type: none">Conferences, symposia, seminars andworkshopsEducational rounds (including morning report in healthcare facilities, Grand rounds, Morbidity and Mortality rounds,tumor boards and case-based discussions).Journal clubsOnline synchronous OR blended learningactivities		1 credit/hour	Certificate of attendance or letter describing the total hours / creditscompletion from the responsible organization
Category 2 - Self-Directed Learning Activities					
Clinic al Practi	Self-learning activities areplanned and implementedby a health care practitioner to:	<ul style="list-style-type: none">Answering self-identified clinical questions	0.5 credits/hour	Document these self-learning activities in the CPD portfolio or (where applicable) the provision of atranscript from a third party	
	address needs related toclinical practice	<ul style="list-style-type: none">Reading journals, books or monographs	1 credit/hour		
		<ul style="list-style-type: none">Completing self-learning modules	1 credit/hour		
		<ul style="list-style-type: none">Viewing podcasts or webcasts	0.5 credits/hour		
Education and Training	address needs related to engaging in education and training	<ul style="list-style-type: none">Postgraduate degrees or diploma programs recognized by a relevantprofessional body	25 credits/ semesteror course	Transcript of the course from theresponsible organization	
		<ul style="list-style-type: none">Preparation for formal teaching activities	2 credits/hour	Teaching schedule from the responsible organization or academicinstitution	
		<ul style="list-style-type: none">Development of assessment tools or activities (including Objective Structured Clinical Examination (OSCE), MCQ or shortanswer questions)	2 credits/hour	Letter describing participation in the development of assessment tools or activities from the responsible organization	
		<ul style="list-style-type: none">Preparation for Mentoring students,trainees, or peers	1 credit/hour	Letter from the responsible organization	
Rese arch and	address needs related toengaging in research andquality improvement	<ul style="list-style-type: none">Development of a research grant or peer-reviewed publication	1 credit/hour	Letter of acceptance of a grant or publication or letter of participation in peer review or participation in CQIfrom the organization, journal or healthcare facility	

Category 3 - Assessment Activities			
<i>Activities provide individual, or groups of healthcare practitioners, or inter-professional health teams, with data and feedback on their knowledge, competence or performance. All accredited assessment programs, activities, or instruments must meet the standards established by the QCHP-AD.</i>	Accredited Assessment		
	<ul style="list-style-type: none"> Knowledge assessment programs Simulation Clinical audits Multi-source feedback Direct observation of procedures or performance in practice 	2 credits/hour	Certificate, letter or report of completion or participation from the responsible organization
	Other Assessment		
	<ul style="list-style-type: none"> Feedback from annual performance review Feedback on teaching effectiveness 	2 credits/hour	Summary of the feedback from the responsible organization

Formats of the above-mentioned categories could be either face-to-face or online whenever applicable.

Healthcare practitioners must complete and document in a CPD learning portfolio:

- a minimum of 40 CPD credits each year (annual CPD requirements)
- at least 40 credits in Category 1 and 40 credits across Category 2 and/or Category 3, in any combination (category specific CPD cycle requirements)
- a minimum of 80 CPD credits over each 2-year CPD cycle (CPD cycle requirements)

For further details, contact:

P.O. Box 7744, Tel:+974 44070331, Email: AccreditationDepartmentQCHP@moph.gov.qa

APPENDIX H: Writing SMART Learning Objectives

These guidelines will help you in developing appropriate SMART learning objectives for your educational activity.

Learning outcomes specify the intended endpoint of your learning activities. They are written in the future tense (i.e. 'will be able to') and should clearly indicate the nature and/or level of learning required to achieve them successfully. They relate to explicit statements of achievement and always contain verbs. They should use language that learners (and other teachers) can easily understand. Avoid ambiguity or over-complexity

Individual outcomes should relate to one of the three domains described by Bloom (1956):

- cognitive (knowledge and intellectual skills)
- psychomotor (physical skills)
- affective (feelings and attitudes).

SMART stands for

Specific: Use clear language to tell the learner exactly what he or she should learn or be able to do after the activity. Don't be vague, unclear, or misleading.

Measurable: The point of setting a learning objective is to determine if the learner can meet, perform, or satisfy it. You can only do that if the objective is something you can measure. It must be an action that you can observe. A common mistake is using words like "know" or "understand," which cannot be objectively observed. The objective must be written so that an observer could watch the learner's performance or ask the right questions and agree if the objective has been satisfied or not.

Achievable: Your objective must be something your learners have a chance of completing/satisfying. It must be set at the right level for the learner, they must have enough pre-existing knowledge, time, and resources. E.g. You wouldn't create a learning objective that asks an Intern to carry out complex surgery. –it's not achievable (or safe!). However, make sure your learning objective isn't too easy, either.

Relevant: The objective should be something the learner sees the value in learning, relevant to their practice. Don't teach material that's not important or won't be used. Remember that your training should matter to your learners

Timely and time-bound: First, make sure your objective is something your learner will have to use in a timely fashion—like tomorrow or next week instead of next year. Second, explain if there are time-constraints. E.g. in many cases, they should be able to complete the objective “at the end of this training.” And finally, the learner may need to perform the action described by the objective within a given amount of time—for example, “to perform an ECG within 10 minutes.

SMART objectives describe the behavior of the learner, are stated clearly to define or describe an action. Avoid vague verbs such as ‘understand’ or ‘know’. *How would you measure that? It is impossible to work out whether objectives have been met unless they can be measured* Be more specific e.g. At the end of this session participants will list 5 causes of...

Example of a not SMART objective: by the end of the course participants will understand vascular localization.

Example of a good SMART objective: By the end of the course participants will be able to explain (or demonstrate) 2 ultrasound-based methods of vascular localization.

Some useful action words to consider instead of ‘understand’ or ‘know’!:

Recall, identify, recognize, acquire, distinguish, state, define, name, list, label, reproduce, translate, extrapolate, convert, interpret, transform, select, indicate, illustrate, represent, formulate, explain, classify, apply, sequence, carry out, solve, prepare, operate, plan, repair, explain, predict, demonstrate, instruct, use, perform, implement, employ, solve, estimate, compare, observe, detect, classify, discriminate, explore, distinguish, catalog, investigate, order, determine, differentiate, dissect, contrast, examine, interpret, write, plan, integrate, formulate, propose, specify, produce, organize, design, summarize, restate, argue, discuss, derive, relate, conclude, produce, evaluate, verify, assess, test, judge, rank, measure, select, check, judge, justify, determine, assess, participate, adjust, repair, measure, perform, operate, use, move, be aware of, become acquainted with, gain knowledge of, realize

Other questions to ask yourself about learning objectives before you finalize them:

Does your learning objective stem from the target audience learning needs?

Does your learning objective target one specific aspect of expected performance?

Is your learning objective learner-centered? Is it measurable?

Does your learning objective use an action verb that targets the desired level of performance?

Do your learning objectives measure a range of educational outcomes?

Does your learning objective match the activities and assessments of the learning?

Does your learning objective specify appropriate conditions for performance?

Is your learning objective written in terms of observable, behavioural outcomes?

Reference: Bloom, B. S.; Engelhart, M. D.; Furst, E. J.; Hill, W. H.; Krathwohl, D.

R.(1956). Taxonomy of educational objectives: The classification of educational goals.

Handbook I: Cognitive domain. New York: David McKay Company.

Mandernach, B. J. (2003). Writing Quality Learning Objectives. Retrieved 2008/10/03, from Park University Faculty Development Quick Tips.

APPENDIX I. Example Summary of Educational Needs Assessment

(N.B. This is an **example** from activities run by our own team)

You are welcome to use this as a basic framework but please adjust to your own activity).

Activity Title: HMC Workshop for Educational Activity CPD Accreditation

Learning Needs assessment

- **Gap to be addressed by this activity:**

x Knowledge x Skills ☐ Practice ☐ Other: Describe:

- **Describe Identified Gap(s):** The DHP CPD requirements introduced on 7/3/2016 require careful planning of educational activities to high educational standards, and full understanding of the standards in order to assess activities for accreditation. This is a marked change from our previous system and lack of standards and is a complex system.
- **Describe the current State:** Currently only a very small number of HMC staff are fully aware of these requirements
- **Describe the desired state:** DHP/ HMC requires wide dissemination of the knowledge and skills required for CPD accreditation, to facilitate local accreditation arrangements and generally raise the standard of educational planning and applications. Both CPD Planners and CPD accreditation lads need enhanced knowledge and skills. We aim to have 'local experts' in all HMC areas/ depts. in due course
 - **Learning Outcomes:** At the end of this activity audience will:
 - Have an overview of Qatar's new arrangement for CPD accreditation
 - Have an overview of HMC's role in activity approval for DHP CPD hours
 - Be able to follow through a planning pathway to develop quality activities
 - Be aware of key planning considerations for CPD as they arrange their local activities
 - Be able to locate resources to help with accrediting activity
 - Be able to assess applications and notifications received from others against OCHP standards
 - Have resources to help them disseminate such information to others

APPENDIX J: CPD activity Evaluation and Feedback example

(N.B. This is an **example** from activities run by our own team) You are welcome to use this as a basic framework but please adjust to your own activity).

All elements in red are mandatory

Event title: HMC Workshop on CPD requirements for Accreditation: **Date**

The Learning Outcomes were: At the end of this activity audience will:

- Have an overview of Qatar's new arrangement for CPD accreditation and HMC's role in activity approval for DHP CPD hours
- Be able to follow through a planning pathway to develop quality activities
- Be aware of key planning considerations for CPD as they arrange their local activities
- Be able to locate resources to help with accrediting activity
- Be able to assess applications and notifications received from others against OCHP standards
- Have resources to help them disseminate such information to others

Please give us your feedback (considering these outcomes) so we can improve

A. Please indicate to what extent you agree or disagree on the following statements:

1. The purpose of the workshop was clearly communicated to me.
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree
 - ☐ Disagree somewhat
 - ☐ Disagree
 - ☐ Strongly disagree
2. I feel we have achieved the aims (overall outcomes) and objectives (individual intended outcomes).
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree

- ☐ Disagree somewhat
 - ☐ Disagree
 - ☐ Strongly disagree
3. I have a good understanding of the DHP framework requirements
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree
 - ☐ Disagree somewhat
 - ☐ Disagree
 - ☐ Strongly disagree
4. I have a good understanding of the DHP CPD standards
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree
 - ☐ Disagree somewhat
 - ☐ Disagree
 - ☐ Strongly disagree
5. I have a good understanding of the DHP forms
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree
 - ☐ Disagree somewhat
 - ☐ Disagree
 - ☐ Strongly disagree
6. The time allocated to each part of the activity was adequate.
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Agree somewhat
 - ☐ Neither agree nor disagree
 - ☐ Disagree somewhat

- ☐ Disagree
☐ Strongly disagree
7. Questions and clarifications were addressed satisfactorily.
- ☐ Strongly agree
☐ Agree
☐ Agree somewhat
☐ Neither agree nor disagree
☐ Disagree somewhat
☐ Disagree
☐ Strongly disagree
8. This activity will make it easier for me to deal with CPD applications.
- ☐ Strongly agree
☐ Agree
☐ Agree somewhat
☐ Neither agree nor disagree
☐ Disagree somewhat
☐ Disagree
☐ Strongly disagree
9. Teaching materials and handouts were helpful.
- ☐ Strongly agree
☐ Agree
☐ Agree somewhat
☐ Neither agree nor disagree
☐ Disagree somewhat
☐ Disagree
☐ Strongly disagree
10. I would recommend this activity to my colleagues.
- ☐ Yes ☐ No

B. What was MOST VALUABLE for you about the activity?

C. What was LEAST VALUABLE for you about the activity?

- D. How could this activity be improved?
- E. Please state single the most important change in the way you will deal with CPD applications
- F. Did you feel you have been influenced toward a product, service or any source of commercial bias?
- ☐ Yes
- ☐ No
- G. If yes, please explain:
- H. Did speakers display a conflict of interest slide?

Thank you for your valuable help in improving our teaching

APPENDIX K: Sample Budget CPD Event Sheet

The example below is a large event but gives an idea of the level of detail required

Sample Budget CPD Event Sheet				
Big conference example				
Date	Venue	Expenses	units	Total
20/11/2019 to 23/11/2019	Bayat AlDiyafa h	Food & Beverage	46 QAR X 550 attendees x 4 days(=101,200QAR) (Medical education agreed also to supply food for 3 days for 200 attendees=27,600 QAR)	73,600 QAR
		Collaterals	NA	
		External Speakers (Flights)	All economy flights (see attached file flight details and costs)	63.000 QAR
		Hotel accommodation	Depending on the speakers the length of stay during the School period	55,000 QAR
		External Speakers (Honorarium)	NA	
		Registration	1) 500 internal attendees X 250 QAR 2) 50 external attendees X 2000 QAR	125.000 QAR 100 000 QAR Total 225.000 QAR
		Audio Visuals	1500 QAR X 4 DAYS	6000 QAR
		Collaterals	550 BADGES, TAGS	5500 QAR
		Miscellaneous	10 POSTERS	5000 QAR

Income	unit	Cost (QR)
Fees from previous registrations and symposium (2018)		184519,75 QAR
Fees from the present registration	500 internal attendees (250 QAR/person)	125000 QAR
	50 external attendees (2000 QAR /person)	100000 QAR
	Total (income)	409,519,75 QAR
	Total expenses	208,100 QAR

APPENDIX L: HMC Policy OP 4052: Fair Dealing for Copying of Copyrighted Works for Education or Research Purposes

TITLE: FAIR DEALING FOR COPYING OF COPYRIGHTED WORKS FOR EDUCATION AND RESEARCH PURPOSES

ORIGINAL DATE: **November 2017** VERSION **1.0**

IDENTIFICATION NUMBER: **OP 4052**

LAST REVISION DATE: **July 2018** NEXT REVIEW DATE: **July 2021**

HOSPITAL(S) **ALL HMC HOSPITALS / ENTITIES**

1.0 POLICY STATEMENT AND PURPOSE:

1.1 The Fair Dealing policy outlines the copying of copyright-protected works that can be made in print and/or electronic form by the staff of Hamad Medical Corporation. It pertains to the use of materials for the purpose of education or research, without seeking permission of the copyright owner.

1.2 To qualify for fair dealing, two tests must be passed:

1.2.1 The dealing must be for the purpose of research, private study, criticism, review, news reporting and education.

1.2.2 The dealing must be "fair."

2.0 DEFINITIONS:

2.1 **Academic Institution** - An organization dedicated to education and research is known as an academic institution. Academic institutions usually grant academic degrees.

2.2 **Academic Health System** - A partnership between leading universities and healthcare providers. Hamad Medical Corporation is part of an accredited academic health system.

2.3 **Fair dealing** - A limitation and exception to the exclusive right, granted by copyright law, to the author of a creative work. The following factors are used to determine whether a dealing is fair:

2.3.1 The purpose of proposed copying.

2.3.2 The number of copies.

2.3.3 The amount or proportion of work.

2.3.4 The effect of copying - whether the copy will compete with the commercial market of the original work.

2.4 **Short excerpt** - An extract which is 10% or less of a work, or no more than:

2.4.1 One chapter from a book.

2.4.2 A single article from a periodical.

2.4.3 An entire artistic work (including a painting, print, photograph, diagram, map, chart and plan) from a work containing other artistic works.

2.4.4 An entire newspaper article or page.

2.5 **Copyright** - The exclusive legal right to reproduce, publish, sell, or distribute the matter and form of something (such as a literary, musical, or artistic work).

2.6 **License agreement** - A licensing agreement refers to a written agreement entered into by the contractual owner of a property or activity giving permission to another to use that property or engage in an activity in relation to that property.

3.0 PROCEDURE/PROCESS:

3.1 Educators may reproduce short excerpts from a copyright-protected work for the purpose of study or research without paying a royalty/fee to the author.

3.2 Copying must mention the source and name of author of work, if given in the source, in the following circumstances:

3.2.1 News reporting.

3.2.2 Review.

3.2.3 Criticism.

3.3 A copy of the excerpt may be provided to each student enrolled in the course.

3.4 Where the academic institution has entered into a license agreement with publishers:

3.4.1 Any copying or distribution restrictions contained in the license will take precedence over the Fair Dealing policy.

3.5 Permission:

3.5.1 If copying is outside the Fair Dealing policy, permission of the holder of copying must be secured.

3.6 Works available on the Internet:

3.6.1 The institution, or person under its authority, must mention the source using the Universal Resource Locator (URL).

4.0 DOCUMENTATION: Not applicable.

5.0 REFERENCES:

5.1 Law No. 7 of 2002 on the Protection of Copyright and Neighboring Rights, Qatar

6.0 TRACKING HISTORY OF CHANGES:

REVISION DATE: CHANGES:

New Developed Policy

SUBJECT MATTER EXPERT

CONTRIBUTORS:

None

7.0 ATTACHMENTS: Not applicable.

APPENDIX M: '10 tips' for improving online teaching and talks (published by RCP Canada and reproduced with permission)

10 TIPS for Virtual Teaching in COVID-19

In the context of COVID-19, safety concerns, PPE shortages, physical distancing constraints, and added responsibilities pose challenges to organizing and hosting traditional face-to-face teaching and learning experiences. This resource is meant to help you continue your faculty development and residency education efforts during the pandemic when feasible by offering best practices for virtual teaching.

1. Use a video conferencing platform

that is easy to access and includes the features you need (see below for recommendations). Some universities and hospitals may have firewalls and/or security policies that limit the platform you can use.

2. Turn on your webcam

With the ongoing pandemic, it's more important than ever to establish your presence and create a sense of connection among your colleagues. To mimic eye contact, position your webcam so that you can look directly into it when speaking. Consider turning it off when presenting materials, as it can be distracting.

3. Ensure a quality listening experience

If possible, test out a few mics to ensure good audio quality (e.g. some webcams have built-in mics, and some platforms offer both "computer audio" and toll-free dial in options). Vary the pitch and tone of your voice to create energy in the group and help keep learners' attention. Ask learners to mute their mics when not speaking to limit distracting background noise.

4. Build a sense of community

A sense of community is crucial, especially now in the midst of this pandemic. Invite learners to turn on webcams and mics at the beginning of a session to say hello (this may be more challenging with larger groups of 10+ people). It's always good to incorporate ice breaker exercises into your session. Allow time and space to check in with your learners to see how they're doing, share experiences and offer support.

5. It's important to limit lecture time

in an online environment. Flip the classroom and send learners readings/materials to look at prior to the class. Use the online time for activities and discussion.

6. Engage learners often

and in different ways. Active learning activities that work well for both smaller and larger groups include poll-taking (if the tool supports that function), and pausing often to ask questions for learners to answer in the chat. If your platform has a "break-out room" feature, you can include small group activities. Some tools allow you to give control to attendees of the presentation to give them a chance to present /teach.

7. Use the chat function

Encourage learners to ask questions in the chat and pause often to answer, making sure to address individuals by name (this helps with engagement, community and a sense of presence). If you can't answer all questions during the session, follow-up with answers later.

8. Limit online sessions to 60 minutes

Unlike an academic half day or a full day workshop, it's very important that virtual sessions are short, even it means you have to deliver content over multiple sessions.

9. Keep your presentation simple

If you are using a slide deck, avoid animations and transitions to keep things simple and limit the amount of text on slides.

10. Follow-up with learners after the session

Consider sending a summary post-session to reinforce key messages, and/or a reflective exercise to help consolidate their learning.