CPD PROVIDER ACCREDITATION ORIENTATION WORKSHOP
DISCLOSURE

✓ I am a full-time Employee at QCHP-AD.
✓ I have no financial relationships with members of pharmaceutical or medical supply companies.
✓ I do not hold any research grants funded by industry.
✓ I do not serve on any advisory board of any “for-profit” industry.
OBJECTIVES

By the end of this session, participants will be able to:

✓ Identify CPD Provider accreditation application, review and decision making processes.
✓ Apply to QCHP-AD for CPD Provider accreditation.
✓ Utilize the QCHP-AD Accreditation Standards for CPD Provider Organizations.
✓ Describe accredited CPD provider audit, live audit and appeal processes.
✓ Use the CPD provider electronic account.
INTRODUCTION
THE NATIONAL CME/CPD ACCREDITATION SYSTEM

Hybrid System

Activity-based  Provider-based
FAQ

What does it mean to be a QCHP-AD accredited CPD provider?

- A QCHP-AD accredited CPD provider is an organization that has been reviewed and approved by the QCHP-AD based on their ability to demonstrate adherence to established accreditation standards.

- QCHP-AD accredited CPD provider organizations are not required to apply to QCHP-AD for CPD activity accreditation.

- QCHP-AD accredited CPD provider organizations accredit their own CPD activities (within Category 1 or Category 3 of the CPD Framework) and are required to ensure that the developed CPD activities meet all established administrative, educational and ethical accreditation standards of QCHP-AD.

- QCHP-AD accredited CPD provider organizations are required to notify QCHP-AD of activity accreditation prior to the activity conductance.
CPD PROVIDER ACCREDITATION APPLICATION PROCESS
Interested Organization Creates a CPD Provider account

QCHP-AD checks **Eligibility**

QCHP-AD communicates available Accreditation slots

CPD Provider commits to an application slot

<table>
<thead>
<tr>
<th>Application submission deadline</th>
<th>Site visit</th>
<th>CPD Accreditation Committee review</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1\textsuperscript{st}</td>
<td>May 1 - May 15</td>
<td>First week of June</td>
</tr>
<tr>
<td>August 1\textsuperscript{st}</td>
<td>September 1 - September 15</td>
<td>First week of October</td>
</tr>
<tr>
<td>December 1\textsuperscript{st}</td>
<td>January 1 - January 15</td>
<td>First week of February</td>
</tr>
</tbody>
</table>
Eligible applicant submits its application

QCHP-AD reviews the submitted documentation and may request additional documentation

QCHP-AD appoints accreditation surveyors

Accreditation surveyors review all submitted documentation against accreditation standards, conduct site visit & Write a report with recommendations for to CPD Accreditation Committee.

QCHP CPD Accreditation Committee discusses surveyors’ report and recommendations and determine on the accreditation decision
THE CPD PROVIDER ACCREDITATION SUBMISSION

✓ **Non-accredited applicants:**
  Shall submit to QCHP-AD on the accreditation slot assigned on creating their e-portfolio accounts.

✓ **Accredited CPD providers applying for reaccreditation:**
  ▪ Shall be notified in writing by QCHP-AD, 1 year from the end date of their accreditation cycle, that they are due to apply to renew their status as a QCHP-AD accredited provider.
  ▪ Shall submit their application to be decided-on during the accreditation committee meeting immediately preceding their accreditation cycle end date e.g. whose accreditation cycles expire on March 1st are to submit their applications for re-accreditation on December 1st immediately preceding the March 1st cycle expiration date.
CPD PROVIDER ACCREDITATION REVIEW PROCESS
When an eligible applicant submits its application to become a QCHP-AD accredited CPD provider, **QCHP-AD reviews** the submitted documentation to check that the application is complete and include all required documentation.

- QCHP-AD may follow up with the applicant to request any **additional documentation** to complete the application.

**QCHP-AD appoints two accreditation surveyors** whose task is to:

- Complete a **review** of all submitted documentation,
- Complete an **on-site visit** (facilitated by QCHP-AD)
- Write a report with **recommendations** for consideration by the CPD Accreditation Committee.

**QCHP CPD Accreditation Committee** will review the completed accreditation reviews and **determine** on the accreditation decision.
CPD PROVIDER ACCREDITATION DECISION-MAKING
CPD PROVIDER ACCREDITATION DECISION

✓ The accreditation surveyor recommendations are to be reviewed by the QCHP CPD Accreditation Committee.

✓ The QCHP CPD Accreditation Committee is responsible for determining the accreditation status of each standard and the duration of the accreditation cycle based on the submitted report of the accreditation surveyors.

✓ Accreditation Committee may request other required documentation (e.g. verification reports) to aid in accreditation cycle decisions.
CPD PROVIDER ACCREDITATION DECISION

The decision made by the CPD Accreditation Committee may be either:

1. Not to accredit the applicant organization.
2. Defer the accreditation decision until such time the organization could address areas of partial or non-compliance.
3. Grant the applicant organization accreditation for:
   - 5-year accreditation cycle
   - 3-year accreditation cycle with option to extend to a 5-year accreditation cycle
   - 3-year accreditation cycle
The QCHP-AD communicates the QCHP CPD Accreditation Committee’s decision related to the accreditation status of the applicant via email within 48 hours of the committee meeting.

The QCHP-AD makes any requested changes to the accreditation surveyor report.

The QCHP-AD communicates the Accreditation report to the applicant, as per the QCHP Accreditation Decision Policy.

The applicant may choose to appeal any decision(s) of the QCHP CPD Accreditation Committee as per the QCHP CPD Accreditation Appeals Policy.
CPD PROVIDER ACCREDITATION DECISION

QCHP-AD accredited CPD provider may be subject to the QCHP-AD Revocation of Accredited CPD Provider Status Policy if the CPD provider:

1. Failed to provide a requested action plan, interim report and/or verification report.

2. Failed to provide a requested action plan, interim report and/or verification report by the communicated deadline.

3. Has not submitted an adequate report to enable the QCHP-AD to change the level of compliance of any accreditation standard.
## CPD PROVIDER ACCREDITATION DECISION

<table>
<thead>
<tr>
<th>Type of report</th>
<th>Content</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verification reports</strong></td>
<td>Provide additional documentation related to a specific standard(s) to enable Accreditation Committee to make a compliance decision.</td>
<td>Within 30 days of receiving the accreditation report</td>
</tr>
<tr>
<td><strong>Action Plans</strong></td>
<td>describes how the organization will address each be non-compliant or partially-compliant accreditation standard to be compliant.</td>
<td>Within 12 months of accreditation cycle start.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Within 6 months of accreditation cycle start.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Within 6 months of accreditation cycle start.</td>
</tr>
<tr>
<td><strong>Interim Reports</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; describes how the organization has addressed all areas of non-compliance.</td>
<td>Within 24 months of accreditation cycle start.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If 1&lt;sup&gt;st&lt;/sup&gt; successfully granted extension, 2&lt;sup&gt;nd&lt;/sup&gt; interim report within 36 months of accreditation cycle start.</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; describes how the organization has addressed all areas of partial compliance.</td>
<td>Within 36 months of accreditation cycle start.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If 1&lt;sup&gt;st&lt;/sup&gt; failed to grant extension, 2&lt;sup&gt;nd&lt;/sup&gt; interim report within 24 months of accreditation cycle start.</td>
</tr>
</tbody>
</table>
# CPD PROVIDER ACCREDITATION DECISION

<table>
<thead>
<tr>
<th>Type of report</th>
<th>QCHP-AD Role</th>
<th>Accreditation Committee (AC) Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verification reports</strong></td>
<td>• Review and submit recommendations to AC.</td>
<td>Make the final decision regarding the level of compliance of the standard(s) related to the verification report</td>
</tr>
<tr>
<td></td>
<td>• Communicates, to the Accredited Provider (AP), the decision of AC.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Plans</strong></td>
<td>• Review and determine on approval/non-approval of the action plan.</td>
<td>informed</td>
</tr>
<tr>
<td></td>
<td>• Communicate the decision &amp; recommendations related to the defined action plan to the AP.</td>
<td></td>
</tr>
<tr>
<td><strong>Linked to accreditation cycle extension</strong></td>
<td>• Review and submit recommendations to AC.</td>
<td>Make the final decision regarding the accreditation cycle extension</td>
</tr>
<tr>
<td></td>
<td>• Communicates, to the Accredited Provider (AP), the decision of AC.</td>
<td></td>
</tr>
<tr>
<td><strong>Interim Reports</strong></td>
<td>• Review and determine on level of compliance of each accreditation standard submitted for review.</td>
<td>informed</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>• Communicate the decision related to the level of compliance of each accreditation standard submitted for Review to the AP.</td>
<td></td>
</tr>
</tbody>
</table>
Governance Model: Review, Approval and Monitoring of Accredited CPD Provider Organizations

CPD provider accreditation orientation workshop
THE CPD PROVIDER ACCREDITATION STANDARDS
THE CPD PROVIDER ACCREDITATION STANDARDS

Standards are organized into three sections:
✓ Section 1: Purpose and Mission
✓ Section 2: Educational Planning, Implementation and Evaluation
✓ Section 3: Sustainability

Each Section is accompanied by a Preamble.

Each Standard includes:
✓ The Standard (anchor/description)
✓ Evaluation Criteria
✓ Documentation requirement(s)
✓ Self-study questions

A documentation checklist and Glossary of Terms is included.
SECTION 1: PURPOSE AND MISSION

Preamble
Accredited CPD provider organizations are required to establish specific written goals or priorities to enable their CPD program to:

- enhance the continuing professional development of healthcare practitioners and/or inter-professional health teams; and
- address the health needs of communities.

Standard 1.1 Organizational CPD Mission
An accredited CPD provider organization must have a formally approved written mission statement for their CPD program that describes the:

- target audience(s);
- overall purpose or goals; and
- anticipated or expected results.

Evaluation Criteria

| Non-compliance: | There is no approved written mission statement for the CPD program. |
| Partial compliance: | There is a written mission statement that has either not been formally approved or does not include all required elements. |
| Compliance: | There is a formally approved written mission statement that describes the target audience, overall purpose or goals and the anticipated or expected results. |

Documentation

- A copy of the current CPD program mission statement (appendix A).
- Minutes and/or other evidence demonstrating the process by which the CPD Program mission statement was formally approved (appendix B).

Questions

1. How frequently does your organization review and revise the organizational CPD mission statement?
2. What process was used to identify your organizational CPD mission statement?
3. How does the organizational CPD mission statement influence the selection and development of specific CPD activities?
4. How does your organization ensure the CPD mission statement is communicated to the members of the organization and faculty participating in CPD activities?
5. How does your organization ensure the CPD team understands and implements the organizational CPD mission statement?
SECTION 1 : PURPOSE AND MISSION

The standards in this section explore the CPD organization’ specific written goals and priorities to enable their CPD program at both the healthcare practitioners levels and the community levels.

✓ Standard 1.1 Organizational CPD Mission
✓ Standard 1.2 Assessing Effectiveness
✓ Standard 1.3 Scholarly Activities in Health Professions Education
✓ Standard 1.4 Relationships with Sponsors
✓ Standard 1.5 Conflicts of Interest
STANDARD 1.1 ORGANIZATIONAL CPD MISSION

An accredited CPD provider organization must have a **formally approved written** mission statement for their CPD program that describes the:

- target audience(s);
- overall purpose or goals; and
- anticipated or expected results.

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<thead>
<tr>
<th>Non-compliance:</th>
<th>There is no approved written mission statement for the CPD program.</th>
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<tbody>
<tr>
<td>Partial-compliance:</td>
<td>There is a written mission statement for the CPD program that has either <strong>not been formally approved</strong> or <strong>does not include all</strong> required elements.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>There is a formally approved written mission statement for the CPD program that describes the target audience, overall purpose or goals and the anticipated or expected results.</td>
</tr>
</tbody>
</table>
STANDARD 1.2 ASSESSING EFFECTIVENESS

An accredited CPD provider organization has implemented a process, at least once every accreditation cycle, that:

✓ **Assesses** the degree to which the organizational CPD mission statement has been achieved; and

✓ **identifies** opportunities and plans for improvement.

| Non-compliance: | There is no process established to assess the degree to which the CPD program’s mission statement has been achieved. |
| Partial-compliance: | The process to assess achievement of the CPD program’s mission statement is either in development; has not been executed during this accreditation cycle; or does not enable the identification of opportunities and plans for improvement. |
| Compliance: | The process to assess the achievement of the CPD program’s purpose, goals or expected results in the CPD program’s mission statement has been implemented at least once during the current accreditation cycle and has enabled the organization to identify specific opportunities and plans for improvement. |
STANDARD 1.3 SCHOLARLY ACTIVITIES IN HEALTH PROFESSIONS EDUCATION

An accredited CPD provider organization uses the scholarly work of others to inform the design, development and implementation of their activities. This might include using published medical education/CPD literature, information presented at a conference or other venue or other information shared by experts in the field.

<table>
<thead>
<tr>
<th>Non-compliance:</th>
<th>The CPD provider organization does not use an evidence-informed approach to design, develop, and implement their CPD activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial-compliance:</td>
<td>The CPD provider organization has developed but has not implemented a plan to use an evidence-informed approach to design, develop, and implement their CPD activities.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>The CPD provider organization has developed and implemented a plan to use an evidence-informed approach to design, develop, and implement their CPD activities.</td>
</tr>
</tbody>
</table>
STANDARD 1.4 RELATIONSHIPS WITH SPONSORS

An accredited CPD provider organization has implemented written policies and procedures that address how relations with sponsors and/or exhibitors are managed to ensure the planning process is free from the introduction of commercial bias.

<table>
<thead>
<tr>
<th>Non-compliance:</th>
<th>There are no written policies and procedures that describe how the CPD provider organization manages relationships with sponsors and/or exhibitors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial-compliance:</td>
<td>The written policies and procedures describing how the CPD provider organization manages relationships with sponsors have been developed but the implementation has not addressed all required elements.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>There are implemented written policies and procedures that describe how the CPD provider organization manages relationships with sponsors and/or exhibitors</td>
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</tbody>
</table>
### STANDARD 1.5 CONFLICTS OF INTEREST

An accredited CPD provider organization has **implemented written policies and procedures** that address how:

- individuals who develop the content for CPD activities document and **disclose** their real or potential conflicts of interest.
- **identified** conflicts of interest are **managed**.

<table>
<thead>
<tr>
<th>Non-compliance:</th>
<th>There are no written policies and procedures that describe how conflicts of interest are identified, disclosed, and managed.</th>
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<tr>
<td>Partial-compliance:</td>
<td>The written policies and procedures describing how conflicts of interest are identified, disclosed, and managed are either <strong>in development</strong>, have been developed but not fully implemented or have not addressed all required elements.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>There are implemented written policies and procedures that describe how conflicts of interest are identified, disclosed, and managed.</td>
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</table>
CASE STUDIES
CASE 1

“The provider” Continuous Professional Development (CPD) Program is committed to delivering educational activities through blended learning opportunities to doctors, nurses and allied health professionals to address identified gaps in knowledge, skills and behaviors that will enhance our patients’ health outcomes.

➤ If you know that this CPD mission statement is formally approved, can you decide about the level of compliance of Standard 1.1?
CASE 2

What approach has the organization developed and implemented to assess the degree to which the organizational CPD mission statement has been achieved? How do the results from this evaluation influence the strategic directions and implementation of plans to improve the CPD Program?

a) The organization developed and implemented an examination of knowledge level assessment of the staff on the topic and also a feedback survey on performance of the performed skills by staff.

b) The result of the examination and feedback is reviewed by the Scientific Planning Committee in designing an appropriate course to fill the Gaps in level of knowledge and practice. Therefore, this evaluation will help in the strategic planning and improvement of the implementation of the CPD Program.

Based on the self-study question answer and the provided example tools that are planned to be implemented for evaluation of the effectiveness of one organization’s mission statement, what is your recommended level of compliance? based on what rationale?

Example – 1: Post - Course Evaluation

The Post – Course Evaluation forms are used for evaluating the program administration, Course Material, Instructor Performance, Course delivery and suggestions from participants to assess the degree to which the organizational CPD mission statement has been achieved. Each Course is provided with a course evaluation form and handed over to the participant at the end of the course and are documented and evaluated by Scientific Planning Committee.

Example – 2: SWOT Analysis

The Scientific Planning Committee (SPC) conducts SWOT analysis which aims to identify the key internal and external factors to assess the degree to which the organizational CPD mission statement has been achieved. SWOT analysis groups key pieces of information into two main categories:

- Internal factors – the Strengths and Weaknesses internal to the organization.
- External factors – the Opportunities and Threats presented by the environment external to the organization.

Analysis may view the internal factors as strengths or as weaknesses depending upon their effect on the organization CPD Mission Statement. What may represent strengths with respect to one objective may be weaknesses for another objective. The factors may include all of the personnel, finance, technical capabilities as well.

The external factors may include macroeconomic matters, technological change, legislation as well as changes in the CPD Provider requirements or in the competitive position.
CASE 3

Which one of the previous examples can be considered as relevant evidence for using evidence-informed approach to design, develop, and implement a CPD activity titled “Management of hypertension”?
SECTION 2: EDUCATIONAL PLANNING, IMPLEMENTATION AND EVALUATION

This section focuses on how an organization plans, implements and evaluates its learning activities.

✓ Standard 2.1 Assessing Needs
✓ Standard 2.2 Development of Learning Objectives and Selection of Learning Formats
✓ Standard 2.3 Content Development
✓ Standard 2.4 Achieving Balance
✓ Standard 2.5 Promoting Reflection, Self-learning and Self-assessment
✓ Standard 2.6 Evaluation Strategies
STANDARD 2.1 ASSESSING NEEDS

An accredited CPD provider organization uses multiple sources of data to identify the needs of its target audience(s) to plan educational initiatives. Sources of data include (but are not limited to) participant surveys, focus groups or evaluation forms; literature reviews; assessments of knowledge, competence, performance or quality of care provided to patients.

<table>
<thead>
<tr>
<th>Non-compliance:</th>
<th>The CPD provider cannot demonstrate the sources of data they use to identify the needs of members of its target audience(s) to plan educational activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial-compliance:</td>
<td>The CPD provider uses data expressed by participants using surveys, focus groups or evaluation forms to identify the needs of members of its target audience(s) to plan educational activities.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>The CPD provider uses data expressed by participants and data from assessments of the knowledge, competence, performance or quality of care provided by members of its target audience(s) to plan educational activities.</td>
</tr>
</tbody>
</table>
STANDARD 2.2 DEVELOPMENT OF LEARNING OBJECTIVES AND SELECTION OF LEARNING FORMATS

An accredited CPD provider organization uses the identified professional practice needs to develop overall and session specific learning objectives and select appropriate learning formats. The learning objectives must be written from the learner’s perspective and provided to potential participants prior to the learning activity.

<table>
<thead>
<tr>
<th>Non-compliance:</th>
<th>The CPD provider organization has not developed or implemented a plan to demonstrate how identified professional practice needs are used to develop overall and session specific learning objectives and select appropriate learning formats.</th>
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<tbody>
<tr>
<td>Partial-compliance:</td>
<td>The CPD provider organization has developed but not fully implemented a plan to demonstrate how identified professional practice needs are used to develop overall and session specific learning objectives and select appropriate learning formats.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>The CPD provider has implemented a plan that demonstrates how identified professional practice needs are used to develop learning objectives and select the learning formats for educational initiatives.</td>
</tr>
</tbody>
</table>
STANDARD 2.3 CONTENT DEVELOPMENT

An accredited CPD provider organization has **implemented** a process to support the **development of content that is responsive to identified professional practice needs** of its target audience(s).

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</table>
STANDARD 2.4 ACHIEVING BALANCE

An accredited CPD provider organization has implemented a process to develop content that is based on scientifically-credible evidence and provides a balanced view across all relevant therapeutic options.

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</table>
STANDARD 2.5 PROMOTING REFLECTION, SELF-LEARNING AND SELF-ASSESSMENT

An accredited CPD provider organization has implemented strategies, services or tools that promote reflection, self-learning or self-assessment skills of individuals or teams.

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<td>Compliance:</td>
<td>The CPD provider organization has <strong>implemented</strong> strategies, services or tools to promote reflection, self-learning or self-assessment of individuals or teams.</td>
</tr>
</tbody>
</table>
An accredited CPD provider organization has **implemented** an evaluation process to **assess the degree to which the intended outcomes** of individual CPD activities were **achieved**. The range of evaluation methods used include self-reported changes by participants, measured gains in knowledge, skills, competences, attitudes; improvement in performance; or enhanced patient care outcomes.

<table>
<thead>
<tr>
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<th>The CPD provider organization has not developed or implemented an evaluation process to assess the degree to which the intended outcomes of individual CPD activities were achieved.</th>
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<tbody>
<tr>
<td>Partial-compliance:</td>
<td>The CPD provider organization <strong>uses self-reported changes</strong> from participants to assess the degree to which the intended outcomes of individual CPD activities were achieved.</td>
</tr>
<tr>
<td>Compliance:</td>
<td>The CPD provider organization has implemented a process the <strong>uses self-reported changes</strong> from participants and <strong>measured gains in knowledge, competence, attitudes, performance or health outcomes</strong> (as appropriate) to assess the degree to which the intended outcomes of individual CPD activities were achieved.</td>
</tr>
</tbody>
</table>
CASE STUDIES
CASE 4

For our activities, the professional practice gaps are identified through a variety of sources including but not limited to the following:

- Previous participant evaluation data that we analyze and use to drive the planning of our activity.
- Recent articles in peer-reviewed journals.
- Expert opinions.
- External requirements such as: National Health Strategy of Qatar.
- Planning phase assessment of knowledge questionnaires.

- From the above mentioned information together with three submitted examples of the above data sources, can you decide about the level of compliance of Standard 2.1?
**CASE 5**

**Guidelines for Developing Learning Outcomes**

Express learning outcomes in terms of the desired change in competence or performance, i.e., improvement in ability or behavior, to be implemented and applied in practice.

**Competence** — Ability; knowing how to do something

**Performance** — The skills, abilities, and strategies one implements in practice

Learning outcomes begin with active verbs and complete the following phrase. **Upon completion of this activity, participants should be able to:**

Some helpful verbs to describe desired results in terms of behavior change:

- Advise
- Consult
- Design
- Differentiate
- Identify
- Operate
- Propose
- Analyze
- Contrast
- Detect
- Discriminate
- Implement
- Organize
- Recognize
- Apply
- Create
- Develop
- Establish
- Justify
- Plan
- Select
- Access
- Decide
- Device
- Evaluate
- Manage
- Predict
- Transform
- Calculate
- Demonstrate
- Discover
- Formulate
- Modify
- Practice
- Utilize
- Choose
- Communicate

**Examples to illustrate well-written Learning Outcomes:**

Upon completion of this exercise, the participant should be able to:

- Define learning outcomes.
- Develop learning outcomes that state in observable, measurable terms what the learner will be able to do at the completion of the teaching-learning exercise.
- Contrast the limitations of the immunological methods to measure creatine kinase-MB and troponin.
- Calculate the number of cells per microliter from the raw CSF cell count.

**CPD provider organization submitted the above as evidence for using tools to assist individuals to develop learning objectives and content responsive to identified professional practice needs of its target audience(s). Would you consider these tools as valid?**

---

**QCHP**

**CPD provider accreditation orientation workshop**
CASE 6

➢ The CPD provider uses a peer review process (an example form shared) for ensuring balance and credibility of the CME activity, can they be considered as compliant to Standard 2.4?

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<table>
<thead>
<tr>
<th>C. Review for Fair Balance and Bias:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you feel that this activity was fairly balanced?</td>
</tr>
<tr>
<td>2. Did you feel that this activity was free of commercial bias?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Patient Treatment Recommendation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were patient treatment recommendations included in this CME activity evidence-based?</td>
</tr>
<tr>
<td>2. Were patient treatment recommendations included in this CME activity appropriate for the target audience?</td>
</tr>
<tr>
<td>3. Were patient treatment recommendations included in this CME activity intended to contribute to overall improvements in patient care?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Scientific Validity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did scientific studies cited in this activity conform to standards accepted by the scientific community?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Learning Objectives/Desired Outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the educational content support the learning objectives/desired outcomes?</td>
</tr>
<tr>
<td>2. Were certain learning objectives/desired outcomes actionable and measurable?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Content:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did any slides or materials need to be deleted?</td>
</tr>
<tr>
<td>2. Were there other issues you would like to raise with regards to the content of this lecture/activity?</td>
</tr>
</tbody>
</table>
CASE 7

The provider provides pre-reading materials to participants to read before attending the activity and to be discussed during the activity. Moreover, the evaluation sheet (given to participants to fill after attending each activity) includes a section inquiring about the perceived changes in knowledge following attendance of the activity and a question that asks participants to describe the extent to which they believe the activity will enhance their performance as healthcare practitioners in different areas of competence.

➢ From the above mentioned information (supported by examples from previous activities), Can you decide about the level of compliance for Standard 2.5?
CASE 8

“An accredited CPD provider organization has implemented a range of strategies to evaluate and assess achievement of learning outcomes e.g. post-activity evaluation form, activity report and post activity survey to assess changes in performance. After compilation of all the post-activity evaluation data into a summary report, the Course Director reviews the results to assess the achievement of the intended outcomes and provides feedback. Moreover, in one of their CPD activities, they assessed changes in performance by distributing a post-activity survey to learners six months following the activity asking them to describe changes in their practice as a result of attending the activity”.

➢ The above mentioned information is quoted from surveyors comments on Standard 2.6. In your opinion what is the level of compliance they recommended for the standard?
SECTION 3 : SUSTAINABILITY

This section’s standards explores how a the CPD organization develops an appropriate administrative structure and operational plan in line with the CPD Programs' mission.

✓ Standard 3.1 Operations
✓ Standard 3.2 Collaboration with Stakeholders
✓ Standard 3.3 Professional and Legal Standards
STANDARD 3.1 OPERATIONS

An accredited CPD Provider organization has implemented an operational plan to support the implementation of the organizational CPD mission statement including a:

- budget process that prospectively allocates sufficient financial resources,
- human resource recruitment and retention strategy including support and training provided to volunteers and paid staff; and
- plan to ensure access to appropriate physical (for example office) space and technical resources (for example databases, media resources etc.)

<table>
<thead>
<tr>
<th><strong>Non-compliance:</strong></th>
<th>The CPD provider organization has not developed an operational plan to support the implementation of the organizational CPD mission statement.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partial-compliance:</strong></td>
<td>An operational plan to support the implementation of the organizational CPD mission statement is either in development or does not satisfy all required elements.</td>
</tr>
<tr>
<td><strong>Compliance:</strong></td>
<td>The CPD provider organization has implemented an operational plan to support the achievement of the organizational CPD mission statement that satisfies all required elements.</td>
</tr>
</tbody>
</table>
STANDARD 3.2 COLLABORATION WITH STAKEHOLDERS

An accredited CPD Provider organization has developed a plan to **purposely collaborate with other stakeholders** to support the achievement of the organizational CPD mission statement.

| Non-compliance: | The CPD provider organization has not developed or implemented a plan to collaborate with other stakeholders to support the achievement of the organizational CPD mission statement. |
| Partial-compliance: | The CPD provider organization **has developed but has not implemented** a plan to collaborate with other stakeholders to support the achievement of the organizational CPD mission statement. |
| Compliance: | The CPD provider organization has **developed and implemented** a plan to collaborate with other stakeholders to support the achievement of the organizational CPD mission statement. |
STANDARD 3.3 PROFESSIONAL AND LEGAL STANDARDS

An accredited CPD Provider organization has implemented policies and procedures to ensure its governance, operations, planning processes and records management meets applicable professional and legal standards including the protection of privacy, confidentiality, and copyright regulations.

| Non-compliance: | The CPD provider organization has not developed or implemented policies and procedures to ensure its governance, operations, planning processes, and records management meets applicable professional and legal standards including the protection of privacy, confidentiality, and copyright regulations. |
| Partial-compliance: | The CPD provider organization has developed but not fully implemented policies and processes to ensure its governance, operations, planning processes, and records management meets applicable professional and legal standards including the protection of privacy, confidentiality, and copyright regulations. |
| Compliance: | The CPD provider organization has implemented policies and procedures to ensure its governance, operations, planning processes, and records management meets applicable professional and legal standards including the protection of privacy, confidentiality, and copyright regulations. |
CASE STUDIES
CASE 9

- Organization leadership showed strong commitment and support (administrative and financial) of the CPD program.
- The CPD provider has a dedicated CPD coordinator and support staff.
- The Organizational chart is complete and outlines the responsibilities of the personnel in the CPD office.
- The Job description for the CPD office personnel is detailed and formally approved.
- There is a CPD plan for the CPD office staff.
- The CPD provider has adequate physical space and technical resources to design and deliver CPD activities.

➢ The above mentioned information is quoted from surveyors comments on Standard 3.1. In your opinion what is the level of compliance they recommended for the standard?
CASE 10

Provider’s collaboration with stakeholders takes place, mainly, in the form of co-organization and delivery of CPD activities.

Stakeholders involvement in areas like mission statement evaluation, needs assessment, evaluation of individual CPD activities, etc. was not evidenced.

The above mentioned information is quoted from surveyors comments on Standard 3.2. In your opinion what is the level of compliance they recommended for the standard?
CASE 11

- Privacy and Confidentiality and Copyright policies do not detail clear procedures.
- No evidence of formal approval of the Privacy and Confidentiality and Copyright policies.

➢ The above mentioned information is quoted from surveyors comments on Standard 3.3. In your opinion what is the level of compliance they recommended for the standard?
ETHICAL STANDARDS FOR ACCREDITED CPD ACTIVITIES
ELEMENT 1: INDEPENDENCE

✓ Accredited CPD activity must have a SPC that is representative of the intended target audience.

✓ The SPC must ensure that decision-making related to all CPD program elements (identifying needs, setting objectives, selecting format, selecting faculty, developing content and evaluating outcome) is under its exclusive control.

✓ Representatives of a sponsor or any organization hired by a sponsor cannot participate in decisions related to CPD program elements.
ELEMENT 2: CONTENT DEVELOPMENT

✓ SPC must have **mechanisms** to develop CPD activity content that **addresses the educational needs** of target audience **with no** direct or indirect influence of interests of any sponsor.

✓ A **process** must be **in place to ensure** that those **responsible for developing or delivering content** are **informed** about: the identified **needs**, the intended **learning objectives**, the need to **ensure balanced view** across all relevant options & **not to reflect exclusivity and branding** (utilize generic names ± trade names to describe therapeutic options)

✓ The SPC must have a **process to collect** participants’ **assessment** of whether the accredited CPD activity **met** the stated learning **objectives**, **achieved appropriate balance** & was perceived to be **unbiased**.

✓ The SPC must have a **process in place to deal with instances** where CPD activities are **not in compliance** with the ethical standards.
ELEMENT 3: CONFLICT OF INTEREST

✓ All members of the SPC and faculty of the CPD activity (speakers, moderators, facilitators and authors) must disclose to the CPD provider organization all relationships with for-profit and not-for-profit organizations over the previous 2 years (including direct financial payments, membership on advisory boards, receiving grants & having patents, etc.).

✓ CPD provider organization is responsible to review disclosed financial relationships of the SPC, evaluate & manage any identified COI.

✓ SPC is responsible to review disclosed financial relationships of the faculty of the CPD activity, evaluate & manage any identified COI (prior to or during the CPD activity).

✓ All members of the SPC and faculty of the CPD activity must disclose to participants presence/absence of COI.

✓ Any individual of the SPC or faculty of the CPD activity who fails to disclose potential COI cannot participate in the accredited CPD activity.

Conflict of Interest (COI) is a set of conditions in which judgement or decisions concerning a primary interest (e.g. patients’ welfare and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit e.g. financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).
ELEMENT 4: RECEIVING FINANCIAL AND IN-KIND SUPPORT

✓ **CPD provider organization** is responsible to receive any financial and in-kind support.

✓ **SPC cannot** be required to accept advice from (or be influenced by the interests of) a sponsor as a condition of receiving financial* and in-kind** support.

✓ Terms, conditions and purposes by which sponsorship is provided must be documented in a **written signed agreement**.

✓ The CPD provider organization has an obligation to ensure that their interactions with sponsors **meet professional and legal standards** including the protection of privacy, confidentiality, copyright and contractual law regulations.

*Financial Support* is monetary contributions provided by sponsor for the development, delivery or evaluation of an accredited CPD activity.

**In-kind Support** services or tools or human resources which have a monetary value and are provided to an organization in support of an educational activity.
ELEMENT 4: RECEIVING FINANCIAL AND IN-KIND SUPPORT (CONT.)

- CPD provider organization or SPC can assume the payment of travel, lodging, legitimate out of pocket expenses and any honoraria offered to members of the SPC or faculty of the CPD activity or delegate it to a third party (though all payments must be approved by CPD provider or SPC in this case).

- The CPD provider organization cannot pay for or subsidize a participant’s travel, lodging or other out of pocket expenses related to their participation in an accredited CPD activity (this does not preclude participants’ receiving compensation from residency programs, employers or local CPD support funds, even when activities they attend have received support from these sources).

- CPD provider organization, sponsor or any organization hired by a sponsor cannot pay for or subsidize the travel, lodging or other out of pocket expenses of spouses, partners or other family members of the SPC, faculty of the CPD activity or participants of CPD activities.

- Social activities associated with CPD activities cannot occur at a time or location that interferes/competes with or takes precedence over accredited CPD activities.

- Upon request by QCHP-AD, CPD Providers must disclose how the financial and in-kind support was used for the accredited CPD activity.
ELEMENT 5: RECOGNIZING FINANCIAL AND IN-KIND SUPPORT

✓ The SPC must recognize and disclose to participants all financial and in-kind support received from sponsors of CPD activities using a standard acknowledgement statement on a page separate from the educational content, activity schedule, learning objectives, and accreditation statement.

✓ Linking or alignment of a sponsor’s name (or other branding strategies) to a specific educational session or section of an educational program within an accredited group learning activity is prohibited.
ELEMENT 6: MANAGING COMMERCIAL PROMOTION

✓ Product-specific advertising, promotional materials or branding strategies cannot be included on:
  ▪ any educational materials of an accredited CPD activity;
  ▪ any webpages or electronic media containing educational material.
  ▪ activity agendas, programs or calendars of events (preliminary and final);

✓ Product-specific advertising, promotional materials or branding strategies cannot be included on/appear within locations where accredited CPD sessions are occurring, immediately before, during or immediately after an accredited CPD activity.

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

✓ SPC cannot be required to accept advice from (or be influenced by the interests of) an exhibitor or advertiser as a condition of their exhibit or advertisement.

✓ Any incentive provided to participants associated with an accredited CPD activity must be approved by the CPD provider organization.
ELEMENT 7: UNACREDITED CPD ACTIVITIES

✓ The SPC/CPD provider organization cannot schedule unaccredited CPD activities to take place at times and locations that interfere or compete with accredited CPD activities.

✓ Unaccredited CPD activities cannot be listed or included within activity agendas, programs or calendars of events (preliminary and final).
CASE STUDIES
If you know that the provider submitted policies and procedures describing how it manages relationships with sponsors. The above section is quoted from the sponsorship policy. Can you decide about the level of compliance of Standard 1.4?
CASE 13

A draft “Conflict of Interest” policy and procedures has been developed. The policy is comprehensive and addressed all required elements. It described how conflicts of interest are identified, disclosed and managed. It included the CPD provider’s conflict of interest declaration form, procedures for how potential conflicts of interest are managed and how CPD program participants are made aware of an individual’s conflict of interest disclosure. The submitted policies and procedures are congruent with the QCHP-AD ethical standards for accredited CPD activities.

➢ The above mentioned information is quoted from surveyors comments on Standard 1.5. In your opinion what is the level of compliance they recommended for the standard?
ACCREDITED CPD PROVIDER AUDIT
ACCREDITED CPD PROVIDER AUDIT POLICY

✓ At least one accredited activity within Category 1 and one accredited activity within Category 3 that will be subject to audit on an annual basis.

✓ All QCHP-AD accredited CPD providers are required to submit to the QCHP-AD a complete CPD Provider Audit Form accompanied by all required supporting documentation upon request by the QCHP-AD.

✓ QCHP-AD accredited CPD providers will be assessed on their level of compliance with the QCHP-AD accreditation standards for CPD activities during the audit process.

✓ All audited QCHP-AD accredited CPD providers will be provided with an audit report generated by the QCHP-AD.
ACREDITED CPD PROVIDER AUDIT POLICY

CPD Provider submits annual report to QCHP-AD

QCHP-AD reviews and selects at least 1 activity in Category 1 and Category 3

Within 60 days, QCHP-AD notifies CPD provider of activities selected

CPD Provider doesn’t respond within 30 days

QCHP-AD sends a reminder when 5 days past due

If no response within 10 days of the reminder, QCHP-AD sends a warning letter

If no response, within 10 days of warning letter, QCHP-AD executes Revocation of Accredited CPD Provider Status Policy

Within 30 days, CPD provider submits audit form and documentation (per activity)

Within 2 days, QCHP-AD acknowledges receipt

Within 14 days, QCHP-AD staff reviews submission and completes Audit Report

QCHP Manager reviews, approves Audit Report which is then sent to CPD Provider (within 30 days)

CPD Provider may appeal

Within 30 days, CPD provider submits action plan to address any deficiencies

Within 2 days, QCHP-AD acknowledges receipt

If within 35 days, no action plan is received, QCHP-AD sends reminder

If within 10 days of reminder, the action plan is not received QCHP-AD issues warning letter

If within 10 days of warning, the action plan is not received QCHP-AD executes revocation policy

QCHP Manager reviews, approves Audit Report which is then sent to CPD Provider (within 30 days)

CPD provider accreditation orientation workshop | 69
QCHP-AD CPD
LIVE AUDIT
QCHP-AD CPD LIVE AUDIT

✓ A sample of accredited CPD activities will be selected to participate in the live audit process.

✓ CPD activities selected for audit will be assessed on their level of compliance with the QCHP-AD accreditation standards for CPD activities.

✓ QCHP-AD notifies the CPD provider organization, in writing, that their CPD activity will be subject to a live audit (at least 14 days before the start of the program).

✓ The CPD provider organization will be provided with an audit report generated by the QCHP-AD (within 30 days of conclusion of activity).

✓ The CPD provider organization is responsible to respond to audit recommendations and required follow-up actions.

✓ CPD provider organization may appeal the decision as described in the QCHP CPD Activity Accreditation Appeals Policy.
QCHP-AD CPD PROVIDER APPEAL
QCHP-AD CPD PROVIDER APPEAL POLICY

✓ A QCHP-AD accredited CPD provider organization may appeal the QCHP-AD CPD Accreditation Committee’s decision.

✓ Accreditation **decisions eligible for appeal** are limited to:
  ▪ The **level of compliance** of any accreditation standard based on the accreditation report, a verification report or an interim report.
  ▪ The **duration of the accreditation cycle** granted to the accredited CPD provider organization

✓ Appeals must be based on issues related to the **accreditation process** or factual **errors in the report**.
A request to appeal a decision must be submitted to the QCHP-AD (in writing) within 8 weeks from the date the decision was communicated (in writing) to the accredited CPD provider.

The request for appeal will be considered by the Appeals Review Panel.

The decision of the Appeals Review Panel is final and the appellant does not have right of audience.
QUESTIONS