



CPD Provider Accreditation Refresher Seminar

**Department of Healthcare Professions
Accreditation Section**

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

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

- ✓ A QCHP-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-accredited CPD provider organizations are **not required to apply to QCHP-AD for CPD activity accreditation**.
- ✓ QCHP-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-accredited CPD provider organizations are required to **notify QCHP-AD of activity accreditation** prior to the activity conductance.



CPD Provider Accreditation Application Process

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.

Interested organization creates a CPD provider account



QCHP-AD checks Eligibility



QCHP-AD communicates available accreditation slots



CPD Provider commits to an application slot

Application submission deadline	Site visit	CPD Accreditation Committee review
April 1 st	May 1 - May 15	First week of June
August 1 st	September 1 - September 15	First week of October
December 1 st	January 1 - January 15	First week of February



CPD Provider Accreditation Review process

CPD Provider Accreditation Review

✓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.

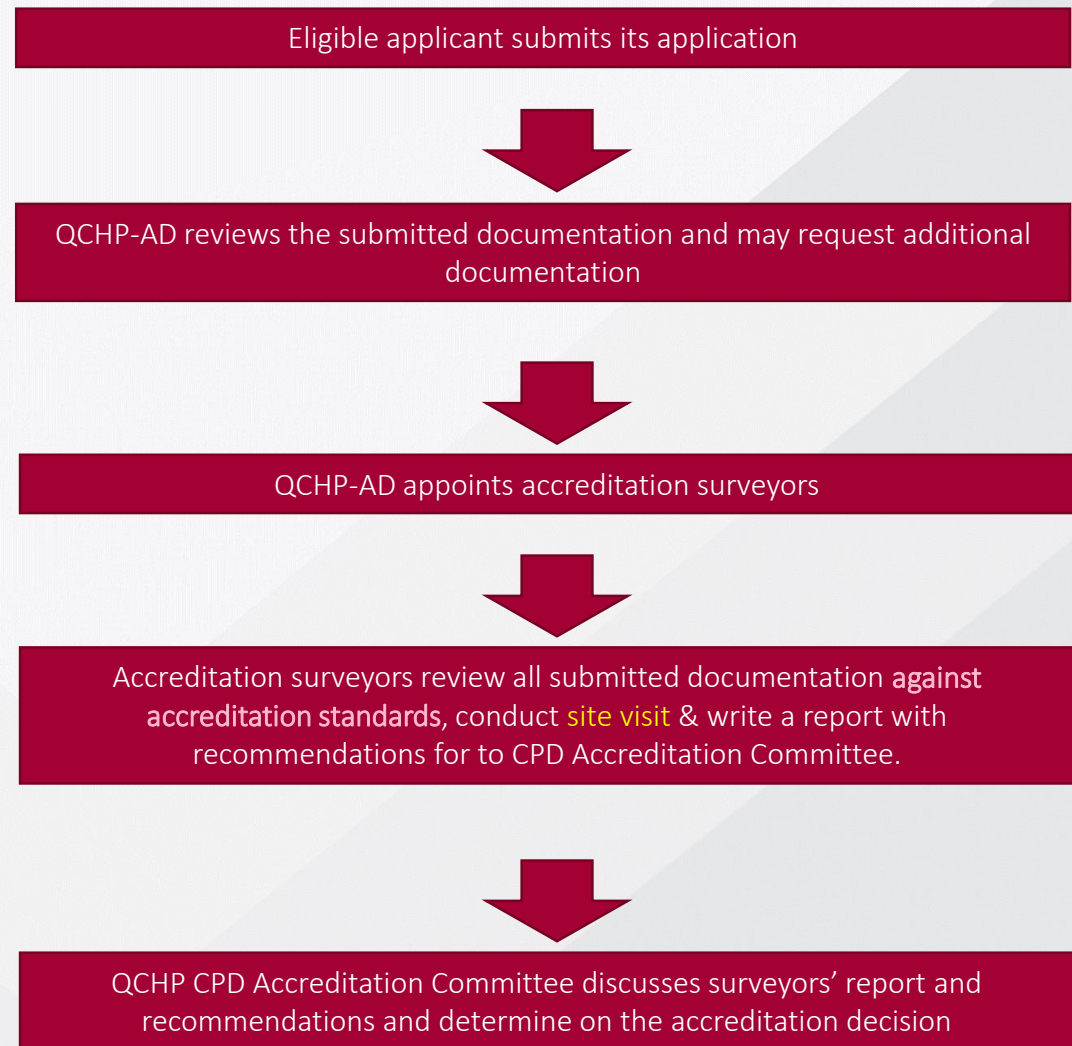
✓QCHP-AD **appoints two accreditation surveyors** whose task is to:

▪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 Making Process

- ✓ 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

CPD Provider Accreditation Decision Communication

- ✓ 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 Revocation

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

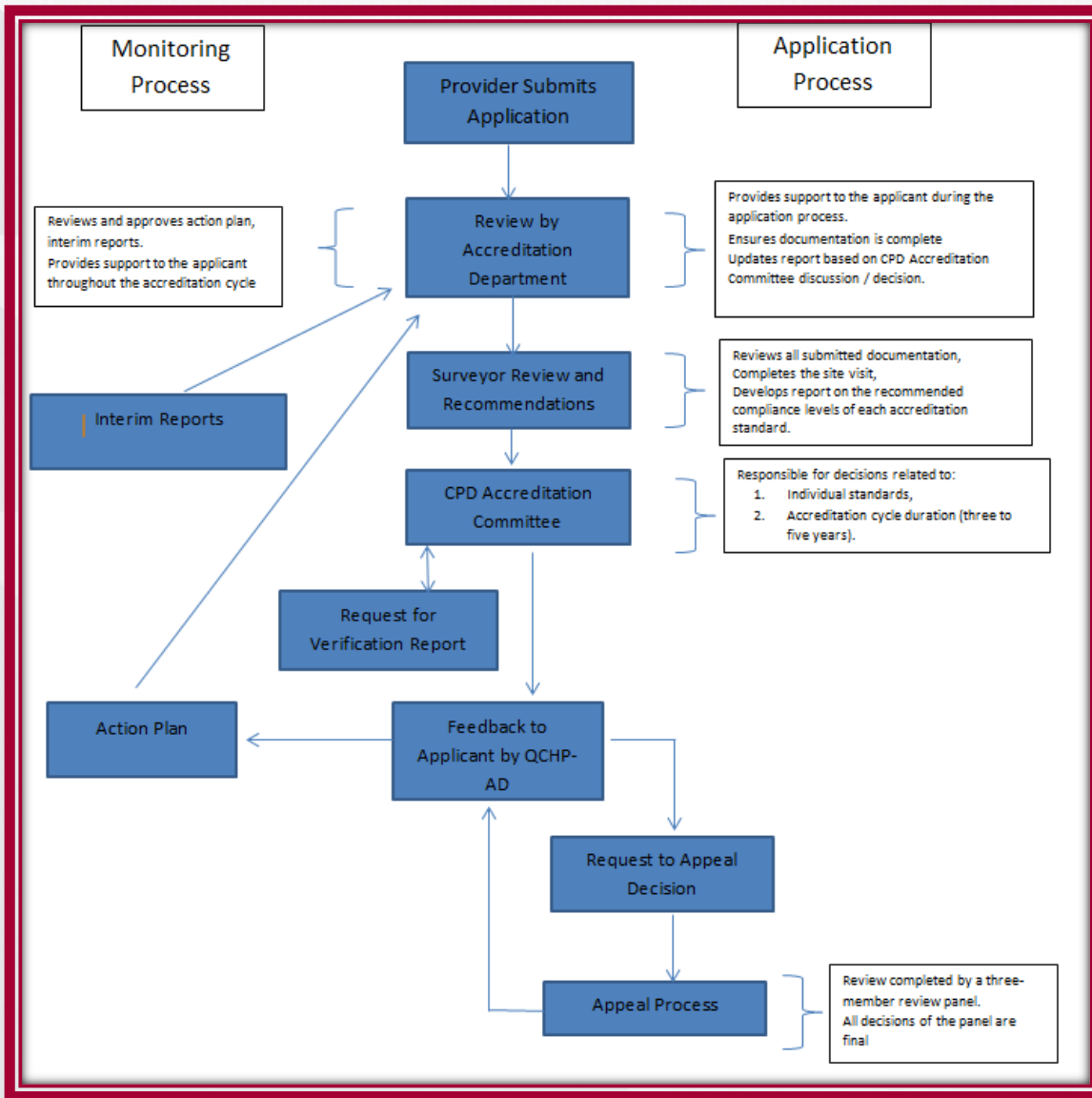
- 1. Failed to provide** a requested action plan, interim report and/or verification report.
- 2. Failed to provide** a requested action plan, interim report and/or verification report **by the communicated deadline.**
- 3. Has not submitted an adequate report** to enable the QCHP-AD to change the level of compliance of any accreditation standard.

Accredited CPD Provider Requested Reports

Type of report		Content	Due Date		
			5-year accreditation cycle	3-year extendable to 5-year accreditation cycle	3-year accreditation cycle
Verification reports		Provide additional documentation related to a specific standard(s) to enable Accreditation Committee to make a compliance decision.	Within 30 days of receiving the accreditation report		
Action Plans		describes how the organization <u>will</u> address each be non-compliant or partially-compliant accreditation standard to be compliant.	Within 12 months of accreditation cycle start.	Within 6 months of accreditation cycle start.	Within 6 months of accreditation cycle start.
Interim Reports	1 st	describes how the organization <u>has</u> addressed all areas of non-compliance.	Within 24 months of accreditation cycle start.	Within 12 months of accreditation cycle start.	
	2 nd	describes how the organization <u>has</u> addressed all areas of partial compliance.	Within 36 months of accreditation cycle start.	If 1 st successfully granted extension, 2 nd interim report within 36 months of accreditation cycle start.	If 1 st failed to grant extension, 2 nd interim report within 24 months of accreditation cycle start.

Decision on Accredited CPD Provider Requested Reports

Type of report		QCHP-AD Role	Accreditation Committee (AC) Role
Verification reports		<ul style="list-style-type: none"> •Review and submit recommendations to AC. •Communicates, to the Accredited Provider (AP), the decision of AC. 	<u>Make the final decision</u> regarding the level of compliance of the standard(s) related to the verification report
Action Plans		<ul style="list-style-type: none"> •Review and <u>determine on</u> approval/non-approval of the action plan. •Communicate the decision & recommendations related to the defined action plan to the AP. 	informed
Interim Reports	Linked to accreditation cycle extension	<ul style="list-style-type: none"> •Review and submit recommendations to AC. •Communicates, to the Accredited Provider (AP), the decision of AC. 	<u>Make the final decision</u> regarding the accreditation cycle extension
	Others	<ul style="list-style-type: none"> •Review and <u>determine on</u> level of compliance of each accreditation standard submitted for review. •Communicate the decision related to the level of compliance of each accreditation standard submitted for Review to the AP. 	informed



Governance Model: Review, Approval and Monitoring of Accredited CPD Provider Organizations



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?



STANDARDS STRUCTURE

Section 1 : Purpose and Mission

The standards in this section explore the CPD organization's 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.

Non-compliance:	There is no approved written mission statement for the CPD program.
Partial-compliance:	There is a written mission statement for the CPD program that has either not been formally approved or does not include all required elements.
Compliance:	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.

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?

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.

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.

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.

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?

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.

Non-compliance:	The CPD provider organization does not use an evidence-informed approach to design, develop, and implement their CPD activities.
Partial-compliance:	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.
Compliance:	The CPD provider organization has developed and implemented a plan to use an evidence-informed approach to design, develop, and implement their CPD activities.

Case 3

NICE National Institute for Health and Care Excellence



Hypertension in adults: diagnosis and management

Clinical guideline
Published: 24 August 2011
nice.org.uk/guidance/cg127

Training providers in hypertension guidelines: Cost-effectiveness evaluation of a continuing medical education program in South Carolina

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Background Translation of published guidelines to clinical practice through continuing medical education (CME) can be effective at changing provider practice patterns and patient outcomes. Yet, cost-effectiveness analyses of CME interventions are rare. This study analyzed the cost-effectiveness of a CME program for improving patient hypertension outcomes relative to usual care.

Methods A CME, conducted by the Carolina and Georgia chapter of the American Society of Hypertension, the Medical University of South Carolina, and the Heart Disease and Stroke Prevention Division of the South Carolina Department of Health and Environmental Control, trained primary care providers in evidence-based guidelines for hypertension prevention and control. A cost-effectiveness simulation model was created with inputs from primary data collection of program costs and secondary data analysis of the Hypertension Initiative Database for years 2000 through 2008. The data analysis consisted of a convenience sample of 8,183 patients in the Hypertension Initiative Database who saw a CME-trained provider at least once before and after the provider's training. Control patients saw providers who did not attend a CME program and were matched to CME patients using propensity score matching.

Results Incremental Mayers gained (LYG) for CME compared with no intervention were 0.003 per patient. The incremental cost-effectiveness ratio was \$39,494 (\$19,184-\$59,864) per LYG under optimistic assumptions and \$54,755 (\$32,423-\$95,728) per LYG under pessimistic assumptions. These results were most sensitive to changes in the effectiveness of the intervention on systolic blood pressure.

Conclusions The intervention is likely a cost-effective strategy to address hypertension in a real-world setting and can serve as a model for future innovations in hypertension prevention. [Am Heart J 2011;162:786-793.e1.]

Hypertension affects 29% of adults aged 18 and older in the United States.¹ Recent data indicate that only 50% of all hypertensive individuals and 51% of treated hypertensive patients have their blood pressure under control.² Thus, there is considerable opportunity for improvements in hypertension prevention and control. Nationally, only 65% of patients receive recommended best-practice preventive care.³ Translation of published guidelines to clinical practice through continuing medical education (CME) can be effective at changing provider practice patterns and patient out-

comes.^{4,5} However, cost-effectiveness analyses of CME interventions are rare.⁶

This study analyzed the cost-effectiveness of a collaborative hypertension intervention conducted by the Carolina and Georgia chapter of the American Society of Hypertension (ASH), the Medical University of South Carolina (MUSC), and the Heart Disease and Stroke Prevention Division of the South Carolina Department of Health & Environmental Control (SC DHEC). The intervention provided CME to train primary care providers in evidence-based guidelines for hypertension prevention and control. Using data on program costs and effectiveness measures from the Hypertension Initiative Database (HID), this study modeled the intervention's cost-effectiveness relative to no intervention.

Continuing medical education program

The CME program aims to (1) raise awareness of the epidemiology of hypertension and feasibility of

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Evaluating a training using the "four levels model"

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The "four levels model"

319

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Abstract

Purpose – The aims of this study are: to present a training evaluation based on the "four levels model" to demonstrate the value of experimental designs in evaluation studies; and to take a first step in the development of an evidence-based training program.

Design/methodology/approach – The Kirkpatrick four levels model was used to evaluate the effectiveness of management training. Hypotheses about the effects of interrelational focus of control and experiential learning styles were tested. Measures gathered at several points of time were compared to measures taken from a control group. "Level four" results were obtained by 360-degree feedback appraisal.

Findings – Trainees' knowledge improved significantly. Trained managers also demonstrated more "good" management behaviors and they scored higher on long-term results. Trained supervisors with an internal focus of control acquired more knowledge than trained supervisors with an external focus of control. However, intervals did not differ significantly from external to actual behavior measures. The hypothesized relationship between learning style and training effectiveness was not supported. The four levels method gives detailed insights in results. Attention should be paid to trainees' focus of control.

Originality/value – The paper outlines the value of the "four levels model" of training evaluations and contributes to the "theory-based, evidence-based" approach to the development of training programs.

Keywords Training; Management development; Learning styles; Information research
Paper type Research paper

Introduction

Training

Training may be defined as the systematic acquisition of skills, rules, concepts, or attitudes that should result in improved performance of the trainee (Aamodt, 2007; Goldstein and Ford, 2002). Training is necessary and important for several reasons. Selected applicants for a job often need to acquire special skills and knowledge. Moreover, jobs change, and employees must adapt to changing requirements. Training is often necessary to find a new job or to be successful in your career in an organization. And even for employees who are good, it will often be possible to find room for improvement. So, training may be profitable for both employees and the organizations in which they work. Small wonder then, that organizations are spending large amounts of money on training. Major organizations often spend between 2 and 2.5 percent of their payroll on training (ASTD, 2006). This implies that, in the USA, several billions of dollars are spent on training each year. And training is "big business" in all developed countries. So, training programs are costly in money – but also in time. Therefore, they should be evaluated carefully to determine their effects, and to decide whether they should be



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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"?

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.

Non-compliance:	There are no written policies and procedures that describe how the CPD provider organization manages relationships with sponsors and/or exhibitors.
Partial-compliance:	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.
Compliance:	There are implemented written policies and procedures that describe how the CPD provider organization manages relationships with sponsors and/or exhibitors

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**.

Non-compliance:	There are no written policies and procedures that describe how conflicts of interest are identified, disclosed, and managed.
Partial-compliance:	The written policies and procedures describing how conflicts of interest are identified, disclosed, and managed are either in development , have been developed but not fully implemented or have not addressed all required elements.
Compliance:	There are implemented written policies and procedures that describe how conflicts of interest are identified, disclosed, and managed.

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.

Non-compliance:	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.
Partial-compliance:	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.
Compliance:	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.

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?

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.**

Non-compliance:	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.
Partial-compliance:	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.
Compliance:	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.

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).

Non-compliance:	The CPD provider organization has not developed or implemented a process to support the development of content that is responsive to identified professional practice needs of its target audience(s).
Partial-compliance:	The CPD provider organization has developed but not implemented a process to support the development of content that is responsive to identified professional practice needs of its target audience(s).
Compliance:	The 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).

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

Patient outcomes – the process and content of the quality and safety of care

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
	Coordinate	Determine	Distinguish	Interpret	Perform	Recommend
Apply	Create	Develop	Establish	Justify	Plan	Select
Assess	Decide	Devise	Evaluate	Manage	Predict	Transform
Calculate	Demonstrate	Diagnose	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-IMB and troponin.
- Calculate the number of cells per microliter from the raw CSF cell count.

Identified Practice Gap	Educational Needs	Learning Objectives	Desired Outcomes	Potential Practice Changes
Practice guidelines from several professional societies recommend the use of antithrombotics to reduce stroke risk in patients with AF, and experts agree that comprehensive management of AF must include continuous therapy to prevent AF-associated stroke. ¹⁻⁴ However, substantial data indicates that risk assessment tools and anticoagulant therapy to mitigate thromboembolic risk in AF are frequently underutilized in clinical practice. ⁶⁻⁸	Participants need to recognize that AF is not a benign arrhythmia and is instead associated with significant morbidity and mortality. Lack of recognition has been a contributing factor to suboptimal management of AF and excess stroke risk.	Explain the pathophysiologic relationship between AF and stroke, the clinical consequences of thromboembolism, and utilize effective prophylaxis strategies.	Participants will recognize AF as a prevalent risk factor for stroke that requires risk-appropriate preventive management.	Participants will provide guideline-recommended prophylactic treatment for AF patients to mitigate stroke risk in this population.
	Participants need to use established risk assessment tools to evaluate stroke risk and guide antithrombotic therapy in their patients with AF.	Describe available validated risk assessment schemes to stratify stroke risk and how they are used to guide antithrombotic therapy in patients with AF.	Physicians are aware of stroke risk criteria and use an appropriate tool such as CHADS ₂ for guiding antithrombotic therapy decisions.	Participants provide risk-appropriate thromboprophylaxis to their AF patients.
There is extensive knowledge and experience about warfarin use. This is lacking at present for the newer anticoagulants. Therefore, there is a need to educate physicians, about these new compounds, ideally before they are	Participants need to recognize the benefits and limitations associated with older antithrombotic therapies for the prevention of stroke in patients with AF and understand the rationale for and clinical evidence on new and investigational anticoagulant agents to select the most	Discuss the strengths, limitations, and clinical barriers associated with older antithrombotic agents for the prevention of stroke in AF patients.	Participants will understand the safety and efficacy of older antithrombotic agents for stroke prevention in AF and recognize practical issues associated with the use of these agents.	Participants will consider and initiate antithrombotic therapy as recommended by evidence-based guidelines.
		Examine clinical trial evidence of newly	Participants will understand the role of	Participants will appropriately use

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?

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.

Non-compliance:	The CPD provider organization has not developed or implemented a process to develop content that is based on scientifically-credible evidence and provides a balanced view across all relevant therapeutic options.
Partial-compliance:	The CPD provider organization has developed but not implemented a process to develop content that is based on scientifically-credible evidence and provides a balanced view across all relevant therapeutic options.
Compliance:	The 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.

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?

C. Review for Fair Balance and Bias:		
1. Did you feel that this activity was fairly balanced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved:
2. Did you feel that this activity was free of commercial bias?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved:
D. Patient Treatment Recommendations:		
1. Were patient treatment recommendations included in this CME activity evidence-based?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved: There were no treatment recommendations discussed in this activity N/A
2. Were patient treatment recommendations included in this CME activity appropriate for the target audience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved: There were no treatment recommendations discussed in this activity N/A
3. Were patient treatment recommendations included in this CME activity intended to contribute to overall improvements in patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved: There were no treatment recommendations discussed in this activity N/A
E. Scientific Validity:		
Did scientific studies cited in this activity conform to standards accepted by the scientific community?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved:
F. Learning Objectives/Desired Outcomes:		
1. Did the educational content support the learning objectives/desired outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please comment:
2. Were certain learning objectives/desired outcomes actionable and measurable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment:
G. Content		
1. Did any slides or materials need to be deleted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please be specific:
2. Were there other issues you would like to raise with regard to the content of this lecture/activity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please be specific:

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.

Non-compliance:	The CPD provider organization has not developed or implemented strategies, services or tools to promote reflection, self-learning or self-assessment skills of individuals or teams.
Partial-compliance:	The CPD provider organization has developed but not implemented strategies, services or tools to promote reflection, self-learning or self-assessment of individuals or teams.
Compliance:	The CPD provider organization has implemented strategies, services or tools to promote reflection, self-learning or self-assessment of individuals or teams.

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?

Standard 2.6 Evaluation Strategies

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.

Non-compliance:	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.
Partial-compliance:	The CPD provider organization uses self-reported changes from participants to assess the degree to which the intended outcomes of individual CPD activities were achieved.
Compliance:	The CPD provider organization has implemented a process the uses self-reported changes from participants and measured gains in knowledge, competence, attitudes, performance or health outcomes (as appropriate) to assess the degree to which the intended outcomes of individual CPD activities were achieved.

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.)

Non-compliance:	The CPD provider organization has not developed an operational plan to support the implementation of the organizational CPD mission statement.
Partial-compliance:	An operational plan to support the implementation of the organizational CPD mission statement is either in development or does not satisfy all required elements.
Compliance:	The CPD provider organization has implemented an operational plan to support the achievement of the organizational CPD mission statement that satisfies all required elements.

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?

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.

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?

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 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.

***Sponsor** is an individual, group, corporation or organization (**for-profit and not for-profit**) that provides financial or in kind support.

****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: Unaccredited 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 12

2.7 Acknowledgment of Commercial Support*. Acknowledgment will be made of any outside organization providing commercial support, including in-kind grants for an educational activity, without the use of a trade name or product-group message. When commercial support is 'in-kind' the nature of the support will be disclosed to learners. CPD activity educational handouts will include acknowledgement of commercial support. With regard to handouts and enduring materials, such acknowledgement will be placed in the introductory sections of those materials so that participants may review this information prior to the commencement of the activity.

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?

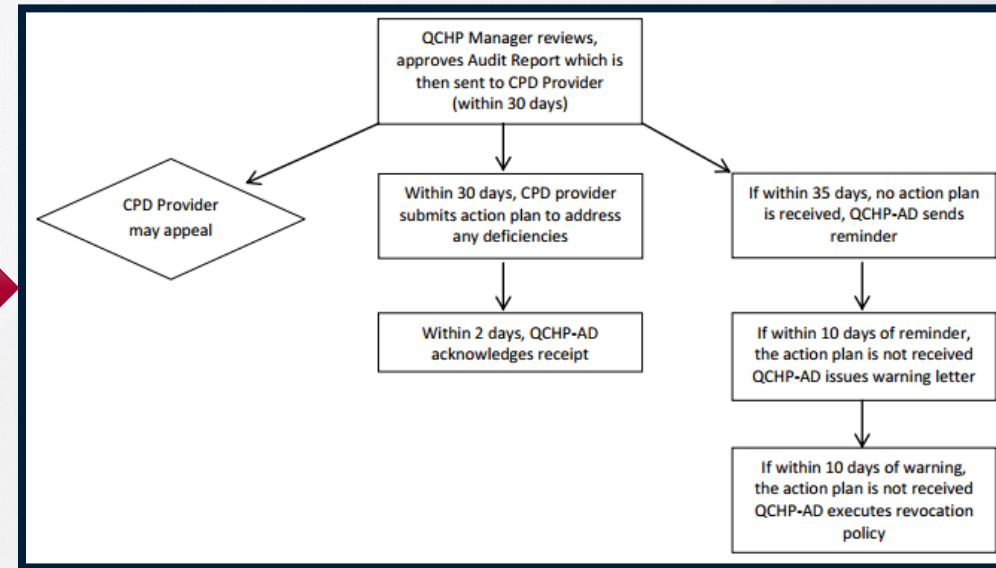
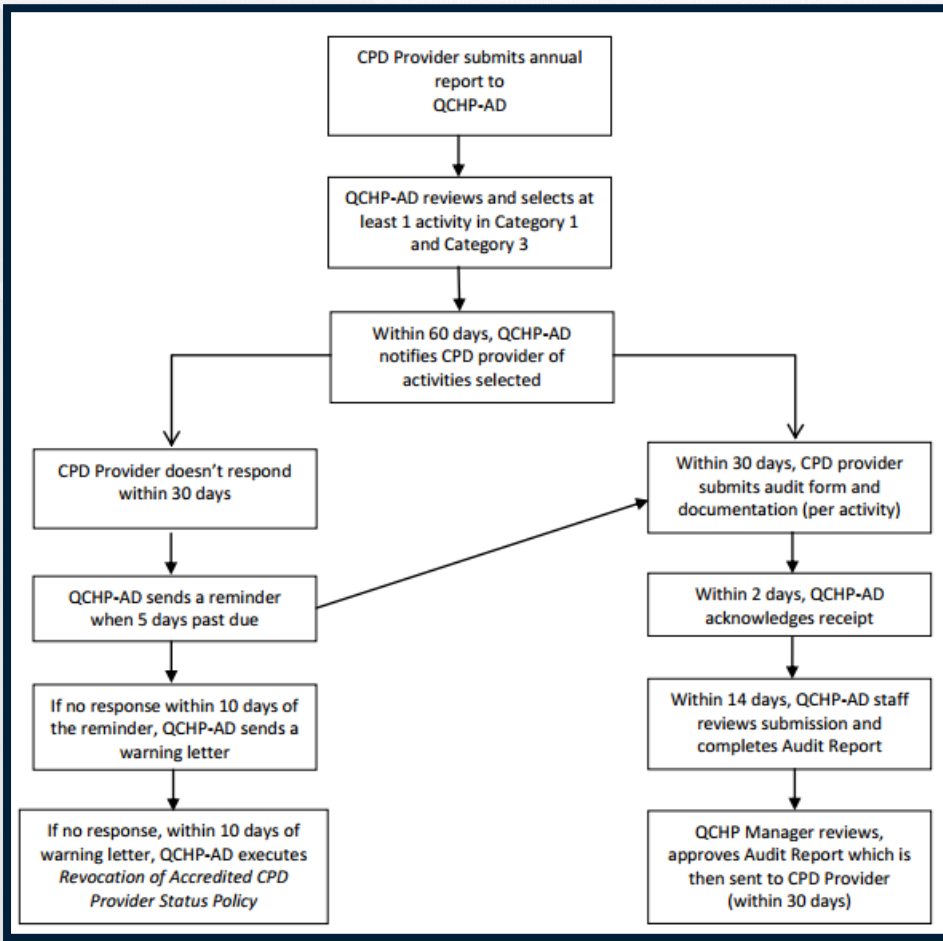


Accredited CPD Provider Audit

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

Accredited CPD Provider Audit Policy

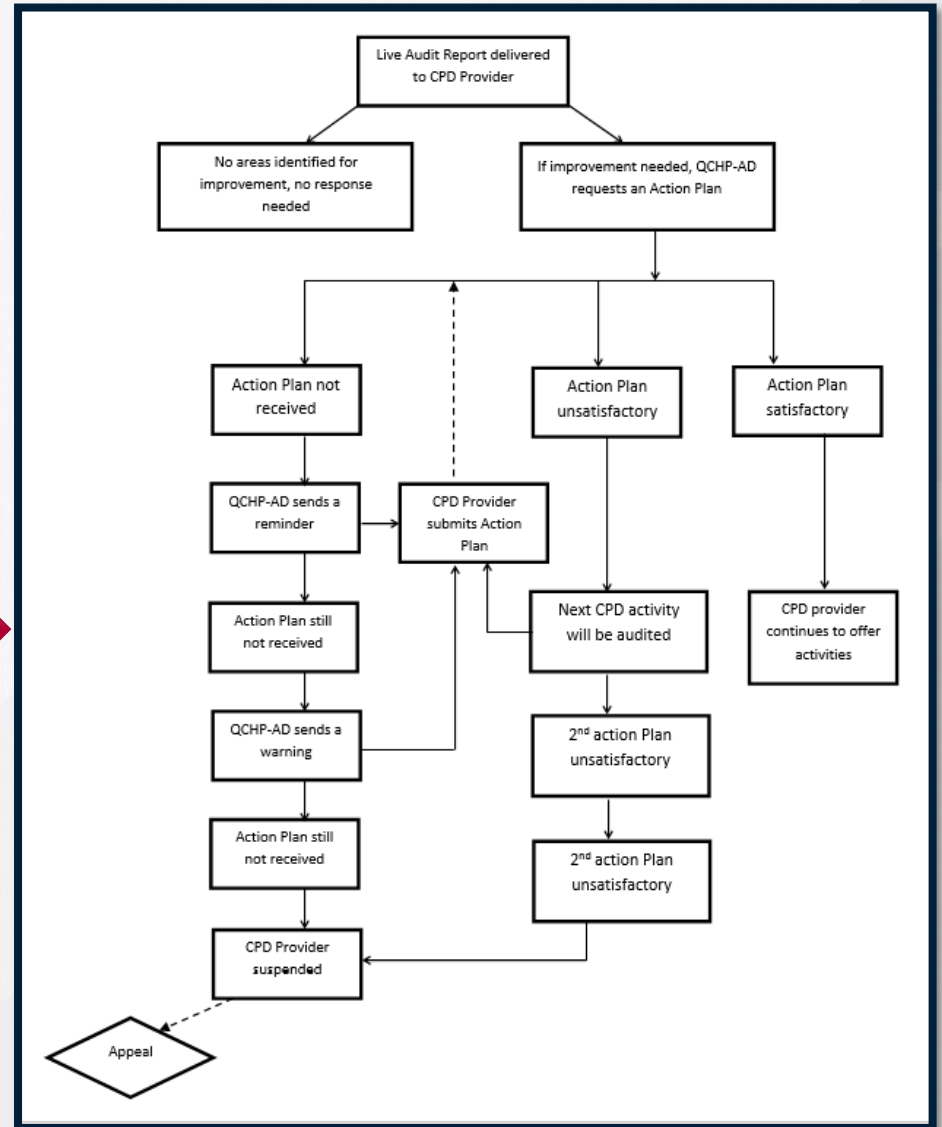
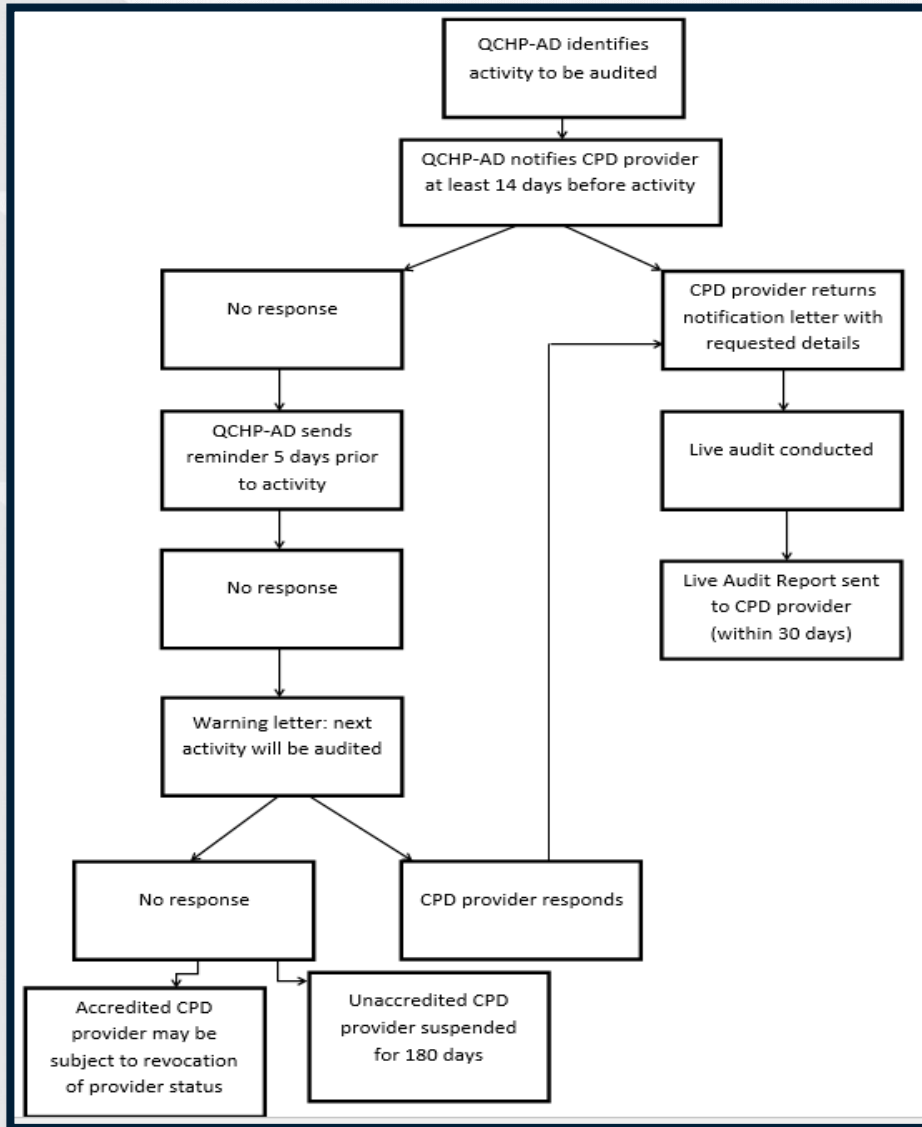




QCHP-AD CPD Live Audit

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**.

QCHP-AD CPD Provider appeal Policy

- ✓ 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.

Contact Us

Accreditation Section:

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Thank You

