مـؤسسـة حمـد الطبيـة
Hamad Medical Corporation
صحة • تعليم • بحوث   HEALTH • EDUCATION • RESEARCH
Hamad

إدارة التعليم الطبي
Medical Education Department

CPD Guidebook

HMC CPD Toolkit B-1: CPD Guidebook

INTRODUCTION

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

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

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

An extract from our mission statement is below:

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

Hamad-CPD Program embeds five core competencies:

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

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

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

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

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

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

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

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

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

All HMC CPD activities using the DHP logo or accreditation statement must be accredited by Hamad CPD. You may not use either on any materials (including 'Save the Dates') without obtaining formal accreditation approval.

If you have made your application through Hamad CPD you may state 'CPD applied for' but you must NOT assume, or state, any hours.

SOURCES AND PRIMARY CONTACTS FOR CPD ACTIVITIES

Are you interested in developing and or conducting a CPD activity ?
There is a great deal of information available via the links below on both DHP and the I-TAWASOL websites
- Accreditation (moph.gov.qa)
- https://www.hamad.qa/CPD
- You will need to:
    a. Download the DHP-AS CPD Activity Accreditation standards and apply these standards in developing your activity
    b. Download the relevant notification form and supporting documents
    c. Contact the relevant CPD committee member for further guidance. For help 'closer to home' they may well pass you to a 'local CPD officer' in your area/ Dept if there is one.

HCP areas	Name	Email	Approval area
All/ Medical	Dr. M S Vijay Jeganath Ms. Ludy Senoc Ms. Marina Dawood Mr. Fedrick Vincent	**MJeganath@hamad.qa Lsenoc@hamad.qa MDawood2@hamad.qa FVincent@hamad.qa**	All standalone events aimed at either physicians or multi-professional
Physicians	Dr. Mona Allangawi Dr. Shireen Suliman Dr. Kulsoom Junejo Mr. Pullika Hussain	**Mallangawi@hamad.qa Ssuliman@hamad.qa KJunejo@hamad.qa Phussain@hamad.qa**	All recurring events aimed at physicians
Nursing	Mr. Tawfiq Elraoush Mrs. Kumari Thankam S Ammal Manju Valsamma R K Nair	**Telraoush@hamad.qa KAmmal1@hamad.qa MNair9@hamad.qa**	All events aimed at nurses
Ambulance	Mr. Vernon Naidoo Mr. Vimal M Velayudhan Mr. Rajkumar Pandurangan	**VNaidoo@hamad.qa VVelayudhan@hamad.qa RPandurangan@hamad.qa**	All events aimed at the ambulance service
Pharmacy	Dr. Palli Abdul Rouf Dr. Rasha El Enany	**Pabdulrouf@hamad.qa Relenany@hamad.qa**	All events aimed at pharmacy
AHPs	Mrs. Lolwa Al-Mohannadi	**Lalmohannadi@hamad.qa**	All events aimed at AHPs
Pathology Labs	Ms. Ebtisam Al Moumen	**Emoumen@hamad.qa**	All events aimed at lab staff
HITC	Dr. Sonia Dimple Fernandes Mrs. Shamla Mulan Kunni	**SDimple@hamad.qa SKUNI@hamad.qa**	All HITC events
Dentistry	Dr. Huda Alhashemi Dr. Khalifa Al Ansari Ms. Samna Najeeb	**Halhashemi@hamad.qa Kalansari@hamad.qa Snajeeb@hamad.qa**	All events aimed at dentistry

Please don't worry that you may ask the wrong person. We will guide you to somebody who can help.

EDUCATIONAL ACTIVITY ADVICE AT HMC

You should use this guide as your key resource.

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

We are happy to give brief advice e.g. the potential for a CPD activity or possible conflict with similar activities ,   carrying out your general needs assessment.

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

- Problem Identification and General Needs Assessment
- Needs Assessment for Targeted Learners
- Goals and Objectives
- Educational Strategies
- Implementation
- Evaluation and Feedback

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

APPLYING FOR DHP CPD ACCREDITATION

HMC is recognized by DHP to provide DHP accredited CPD activities. We approve on behalf of DHP and we must adhere to DHP standards in all respects. It is the responsibility of the SPC Chair to complete and submit the CPD Notification Form (Toolkit C1). If this task is delegated the SPC must review the application and the chair must sign the attestation before submission. The application is reviewed in accordance with DHP standards. If any activity is subsequently audited by HMC or DHP and found to be in breach of any standards it is the SPCs responsibility.

The application for accreditation is submitted as a Notification Form. There is one single notification form for category 1 and 3 activities and you will need to choose the category type of the planned activity in your notification form. See Toolkit A8 for the DHP CPD Framework and definitions of different CPD categories.

Please note that to be eligible for Category 3 activities:

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

EDUCATIONAL ACTIVITY ADVICE AT HMC

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

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

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

1. Not all learning activities can simply 'go virtual'. Hands on learning/ simulation cannot transfer (except in circumstances where simulation educators have carefully constructed an online, immersive virtual experience). We are considering this for category 1 learning, although you can blend Online Category 1 with Category 3 (e.g. in a course).
2. It is more difficult to maintain good interactivity with your audience if delivering remotely, so encourage all your speakers to think about that in advance. If there is going to be a meeting chair or convener please ask the chair and the speaker(s) to discuss strategy together (e.g. timing to allow questions, how are questions to be asked ('hand up'/ just verbally (can be tricky in big meetings)/ by typing into the chat room with the convener collating them. This all takes a little practice but can work well. Other ways to increase interactivity include quizzes or polls (just ask what people think). There is a Teams 'add on' called Teams Forms that can be used but you must request it via ITSM. Please see the '10 tips' in Toolkit B-9 for some more good ideas
3. How are you going to take the register and monitor for 'hours attended'? You need an administrator taking note of the participants list with the 'in and out time'. It is relatively easy to do that using 'screen shots' or simple photos of the list at (say) 10-15-minute intervals, then just transcribe to a list). We cannot absolutely stop people logging in to a meeting and going away, but if the learning is good, they will stay.

Here is a good tip for keeping Remote / Virtual and teaching session attendance within MS Teams. There is an easy way to get an accurate attendance list, built into Team:

- while on the meeting on the meeting the ORGANISER (only) can click on 'participants' on the bar to bring up the list on the right side
- at the top of the list is a 'download' symbol (between the word 'Participants' and 'X' to close the list). This is ONLY available to the person who has called the meeting, so they must be sure to take the download. You might want to do it a couple of times for safety.
- after the meeting simply go to your downloads and you will find a file like the one attached
- opening this gives you an Excel sheet with the full names of attendees, plus the times they came in and out of the meeting, allowing you to calculate attended hours for CPD certificates). Remember for CPD purposes you can round to the nearest 15 minutes (0.25 hour)
- we suggest save that sheet with the name and date of the meeting to give you your permanent record (you are reminded that for DHP CPD you will need to keep that for 6 years)

4. DHP will move an already accredited category 1 activity to 'virtual' without a full reapplication providing everything else remains the same. If you make other major changes to a program of course it needs a new application. Please ask Marina Dawood for advice, and use the form she will send to you, which has all the information that DHP requires, to simply change to virtual learning. The event organizer fills this in to request the change. Please keeps a record of the change and all relevant attendance registers

5. For Notification Form, please see our portal on ITawasol
    https://itawasol.hamad.qa/EN/How%20We%20Work/education-and- training/ Continuing%20Professional%20Development/Pages/Applying-for- Approval-for-a-CPD-Activity.aspx or call for the 'package'

    Your complete application package should include:

A. Completed CPD Notification form in word format.

    There is a single notification form for category 1, category 3 and combined category 1 and 3, for online activities and also for ongoing/ regular activities (See Toolkit C1). Please choose the correct category in the application form. All these forms are available on iTawasol website on

https://www.hamad.qa/EN/Education-and-research/Medical-Education/CPD/Pages/Information-on-Hamad-CPD-activity-accreditation.aspx or follow HMC > How We Work > Education and Training > Continuing Professional Development > Applying for Approval for a CPD Activity.

B. Completed conflict of Interest (COI) forms for all SPC members and all moderators, facilitators and speakers.(Toolkit C4). The second page to be signed and stamped by SPC Chair.

C. Your Learning Needs Assessment with learning objectives, for the activity (Toolkit C3).

D. Evaluation/ Feedback Form (with your learning objectives stated at top) for your proposed activity. i.e. your audience's view on the value of your activity. These can take many forms depending on the type of activity, and be administered and collected in many ways, depending on the information you wish to gain from your learners. See Toolkits B6 for guidance and Toolkit C6 for the template. **Please note that every evaluation MUST contain the questions on perceived bias/ COI and whether speakers displayed a declaration of COI slide.**

E. At least one complete PowerPoint presentation (including a COI slide) which will be assessed by the reviewer for education content against DHP standards (See Toolkit B5 for example). The activity cannot be assessed without this, so you will need to persuade one speaker to prepare in advance.

F. Educational Content and/or Agenda for the meeting with timings and all breaks included (to allow an assessment of CPD hours)

G. **All Promotional Materials: You must submit the brochures when prepared if they are not available initially** (Toolkits B7 & C8). Hamad CPD must review them to ensure compliance with standards.

H. Detailed Budget and Sponsorships from all sources if applicable. Again, you must submit these when prepared if they are not complete initially. Hamad CPD must review them to ensure compliance with standards. (Refer to Toolkits A5, B8, C9, C10)

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

Processing time: Regular processing time for a conference/ symposium/ workshop is **eight (8) weeks** after receiving a completed application with all required attachments and signatures. **Any missing requirements will delay the process.**

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

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

ONGOING ACTIVITIES/REGULARLY SCHEDULED EDUCATIONAL SERIES

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

ACCREDITATION STATEMENTS

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

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

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

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

PATHWAY TO PLAN, DEVELOP AND DELIVER CPD ACTIVITIES

There are 10 essential steps for you to plan, develop and deliver high quality DHP accredited CPD activities:

Step 1. Determining the Target Audience

Step 2. Performing Learning Needs Assessment and Identifying Learning Gaps

Step 3. Formation of Scientific Planning Committee

Step 4. Developing a CPD Activity

Step 5. Managing Conflict of Interest

Step 6. Establishing Financial Support and Budget

Step 7. Developing Evaluation Tools and Strategies

Step 8. Application for CPD Accreditation

Step 9. Marketing Strategies

Step 10. Managing Logistics

Step 1. Determining the Target Audience

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

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

Intended target audience refers to the wide range of specialties in medical field that you may be targeting to deliver the activity to, for example:

- Allied health professionals (Ambulance paramedic, CCP, Lab Technicians, etc.)
- Complementary medicine
- Dentists
- Nurses
- Pharmacists
- Physicians

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

STEP 2: PERFORMING LEARNING NEEDS ASSESSMENT AND IDENTIFYING LEARNING GAPS

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

As part of the documentation for the application for program accreditation, the chair of the planning committee will be required to provide details of the needs assessment process and the findings. (See Toolkits B3, B4 & C3)

DHP CPD requires that all accredited activities are planned on a firm base of identified learning needs. In this way, all CPD activities should have relevance to what the target audience wants to learn and to their clinical practice, in accordance with the principles of Adult Learning Theory. This was first developed by Malcolm Knowles in the 1970s, has been studied widely since, and continues to be applicable to learning today. (**Reference:** Knowles,M.S. The Adult Learner: A Neglected Species. Houston; Gulf Publishers 1984

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

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

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

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

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

When the needs assessment is done you should be able to derive the 'gaps' on your intended activity. What learning needs or gaps in knowledge, attitudes, skills, or performance of the intended target audience did the scientific planning committee identify for this activity?

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

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

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

Perceived needs are those of which the learner is aware: 'I know that I don't know much/ enough about'.These are often subjective.

Unperceived needs are those of which the learner is unaware **but become apparent** through **objective evidence** (e.g. audits or case reviews). 'I don't know what I don't know/need to know'

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

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

Suggestions of needs assessment tools:

- **Objective (unperceived) needs can be derived from the following sources:**

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

- **Subjective (perceived) needs can be derived from the following sources:**

Survey of Target Audience	Focus Group
Questionnaires	Evaluation of past CPD Activity
Opinion of SPC Members	Strategic Developments/change in scope of service

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

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

Toolkit B3 contains an Example Summary of Educational Needs Assessment

A note on the potential for scholarly activity:

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

STEP 3: FORMATION OF SCIENTIFIC PLANNING COMMITTEE (SPC)

DHP requires that SPC membership be representative of the target audience to ensure the learning needs of all sectors are identified and met. If more than one HCP group is in the target audience your SPC should embed sound inter-professional principles. All SPC members must have a voice; all should have substantial input into all aspects of program development (e.g. content, speaker selection and learning format). It is useful to have a local CPD lead on the SPC, to ensure that CPD standards are maintained. *Representatives from industry or commercial sponsors CANNOT be planning committee members and contact with committee members should be limited to establishing a sponsorship agreement.* **Please note: SPC members are required to maintain minutes of their planning meetings, which along with all activity documents MUST be kept for 6 years. All decisions implemented in development of the activity must be documented.**

DHP and HMC CPD POLICIES

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

A. RESPONSIBILITIES OF THE CHAIR

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

The SPC Chair:
- Is accountable for planning, developing and delivery of an activity with well- balanced teaching content which has scientific validity, integrity, objectivity and is evidence based. He/she must ensure that the SPC is representative of the target audience.
- Is responsible for accurately completing and submitting the CPD Application for Program Accreditation with all required attachments and signatures. If the preparatory work is delegated the chair must check it before submission, since they hold the responsibility.
- Must ensure that all SPC members, speakers and moderators return completed Declaration of COI forms, to be reviewed along with their teaching materials prior to the activity. Any potential COI must be dealt with in accordance with HMC/ DHP policy. If a potential or actual Conflict of Interest is identified, the SPC should manage this conflict by changing the speaker, changing the topic or conducting an independent peer-review of the teaching contents including materials.

- Must ensure compliance with HMC CPD privacy policy (Toolkit A6) and that all sponsors sign the HMC CPD Sponsorship Agreements (Toolkit C11).
- A preliminary budget plan is required ahead of the activity and upon completion of the activity the Chair must submit an accurate final budget including revenue and expenditure (Toolkits B8 & C9).
- Is responsible for keeping a copy of the speakers/presenters and full attendee list with register of actual attendance (e.g. sign in/ sign out sheet. The latter must be kept securely for 6 years, along with the participant's evaluation of the activity.

B.   DUTIES OF SPC MEMBERS

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

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

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

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

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

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

STEP 4: DEVELOPING A CPD ACTIVITY

Developing a CPD activity consists of following:
- Setting learning objectives
- Developing educational content and program topics
- Choosing learning methods
- Interactivity
- Selecting faculty and speakers
- Planning you activity
- Co-developing a CPD activity

A. SETTING LEARNING OBJECTIVES

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

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

Reference: Biggs, J. and Tang, C. (2011) Teaching for quality learning at university. McGraw –Hill and Open University Press. Maidenhead

Learning objectives:
- Should be SMART (Specific, Measurable, Achievable, Realistic and Time based). Toolkit B4 describes the process of writing SMART Objectives.
- Must be communicated clearly with speakers, so that they can align their teaching to them. Include the objectives in the speaker's invitation letter.
- Should be communicated clearly with learners (preferably in advance of the activity e.g. on your program) so that they can understand what they can expect to gain from the activity
- Must also be included on the activity evaluation so that learners can judge whether they have achieved what was set out for them.

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

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

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

Reference: Dixon, N. M. (1996). New routes to evaluation. Training and Development, 50(5) 82-86 These are based on Kirkpatrick's four levels of evaluation, which may be more familiar:

- Reaction
- Learning
- Behavior
- Results

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

B. DEVELOPING EDUCATIONAL CONTENT AND PROGRAM TOPICS

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

- Develop the educational content from your learning objectives. Refer to the DHP Educational standards.
- If the intended outcome is to be attained, what will the learner need to know or
- What knowledge, skills, attitudes, and behaviors will need to be acquired and practiced?

C. CHOOSING LEARNING METHODS

Your educational delivery options could include lectures, small group sessions, workshops, roundtables, case presentations with or without patients present, case-based small groups, practice-based small groups, simulation, demonstrations of techniques, role play, panel discussions,

breakout sessions, debates, multimedia or e- learning (with or without interaction between participants and faculty).

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

D. INTERACTIVITY

At least 25% of the time in any DHP accredited CPD activity must be interactive; this will facilitate effective adult learning, allowing learners to build a topic within their own context and link new theoretical knowledge to their practice experience. There is good evidence that incorporating interactivity and using mixed delivery methods is associated with increased impact of learning on practice. (Reference: Davis D, O Brien MA, Freemantle N, et al. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? JAMA. 1999;282: 867-864)

E. SELECTING FACULTY AND SPEAKERS

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

Assign your speakers their topics with your specific learning objectives when you request them to speak.
The SPC must choose the appropriate faculty for the success of the activity.
The following recommendations should be kept in mind when choosing faculty:

- They should have the expertise to present information based on the learning objectives provided.
- They should be good communicators who are aware of the target audiences practice setting.
- They should have minimal conflict of interest with the program content. If a conflict of interest is present, this should be managed and disclosed to participants.

- They should declare an unapproved use of products or services. The only exception being where there is only one treatment or management strategy.

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

Please see Step 8 for advice re certificates for speakers.

F. PLANNING YOUR ACTIVITY
The following considerations should be kept in mind when planning your activity:
- Plan the date of the activity.
- Know the required documentation needed to be submitted, refer to activity check list.
- Plan the number of participants for each session.
- A suitable venue, conducive for teaching.
- Seating arrangements and requirements.
- Educational needs, white board, projector, laptop, etc.
- Equipment you may need.

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

H. ASSESSMENT
Assessment activities are Category 3 activities that provide healthcare professionals the data and feedback regarding their knowledge, competence or performance. Though the assessment for knowledge-based activities take different forms such as MCQs, written assignments etc., other activities can be assessed using a standard approach. Please refer to Toolkits C5 (5a, 5b, 5c & 5d) for assessing category 3 activities - Direct Observation of Procedural Skills, Clinical Audit, Multisource Feedback and Simulation activities. C-CEI is recommended for simulation evaluation and prior to its use, assessors are requested to complete a short online training by accessing the link Training (creighton.edu).

STEP 5: MANAGING CONFLICT OF INTEREST

Conflict of interest (COI) can arise when an individual with a role in planning or delivery of an activity has competing interests/loyalties that could impact on educational content in a real or perceived manner. DHP does not view commercial support, or a financial relationship with faculty as *necessarily* implying bias, but apparent, potential or actual COI may arise in these situations. Therefore, any support and/or relationships *should be disclosed and appropriately managed* for balance, transparency, objectivity and scientific validity. **Organizers and presenters** of an activity must disclose to participants any affiliations that could lead to COI.

Details of the relevant procedures are outlined in the HMC CPD Policy on Conflict of Interest and Guidance notes (Toolkit A4). All CPD activities must meet these standards and as part of the CPD Application process, the Declaration of COI Form (Toolkit C4) must be completed by **all SPC members, speakers, moderators and other faculty.**

Email them to all participants even if abroad, ask them to read, complete and sign, scan the form back to you for submission. All must disclose any relationship and/or affiliation with any commercial organization *over the two years prior to the activity.*

STEP 6: ESTABLISHING FINANCIAL SUPPORT AND BUDGET

A. MAINTAINING YOUR FINANCIAL RECORDS

DHP requires full and transparent documentation of revenues and expenditures for CPD activities. A budget with projected revenues from all sources and known expenses is required as part of the CPD Application package. A final budget with actual revenues from all sources and expenses must be sent to the CPD Program with the completion statement. A sample budget is provided in Toolkit B8.

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

B. REGISTRATION FEES

You are encouraged to consider a charging a reasonable registration fee to recover costs associated with conducting the educational activity. Using differential fees for HMC/ non HMC registrants or for

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

C. FUNDING FROM EXTERNAL SOURCES

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

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

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

For all activities that receive commercial funding, the SPC must ensure compliance with relevant HMC and DHP policies (Toolkit A5).

The terms, conditions and purposes by which sponsorship is provided must be documented in a written agreement that is signed by the SPC and sponsor and provided in the application package (Toolkit C11). An example compliant Sponsorship Package is given (Toolkit A5).

Sponsorship must be disclosed to your audience / acknowledged with the DHPs approved statement e.g. with a slide at the start of meeting using only this statement: "This CPD activity is supported by financial and/or in-kind support from the following sponsors: XX "

Please use Company names not logos. Beyond this standard acknowledgement statement of

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

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

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

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

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

Commercial exhibits or advertisements must be arranged in a location that is completely separated from the accredited CPD activity (e.g. with lunch). Any incentive provided to participants associated with an accredited CPD activity must be approved by the SPC. Commercial gifts are generally frowned upon. If in doubt, please check with Hamad CPD. Registrants may be encouraged by event organizers to visit exhibit booths.

Exhibitors must not actively engage in promotion of their company or product at any other time during the program. If a sponsor wishes to run a satellite sponsored symposium that must be clearly identified as such. It cannot earn any CPD credit and must occur at a separate time and location that does not compete with accredited CPD activities. Sponsored activities cannot be listed or included

within agenda, programs or calendar of events (preliminary or final). They must go on a completely different page. You may only indicate to the audience where to look for that information e.g. by tabling 'lunchtime satellite symposium, see next page'

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

D. BUDGET RECONCILIATION AND MANAGING SURPLUS FUNDS

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

STEP 7: DEVELOPING EVALUATION TOOLS AND STRATEGIES

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

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

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

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

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

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

Another method or assessing level3 /4 might involve an open-ended item, asking participants to document their commitment to change (e.g.):

- How do you feel your performance at work may change as a result of the activity? Or
- What will you do differently in terms of patient care aspects? i.e. Will they translate their new knowledge into practice?
- Or simply ask 'This course will cause me to make these changes in my practice' (with a Likert scale to measure degree of agreement).

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

This bridging of the knowledge to action gap using a 'knowledge translation tool' is based on work showing that commitment to change predicts actual change in practice. Reference: Lockyer, J, Fidler, H, Hogan, D, Pereles, L, Wright, B, Lebus, C, Gerritsen, C. Assessing Outcomes Through Congruence of Course Objectives in Reflective Work. JCHEP 2005; 25: 76-86

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

A.   DEVELOPING EVALUATION AND FEEDBACK FORMS   (DHP mandatory elements)

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

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

Otherwise simply consider what it would be most useful for you to know as an event organizer seeking to improve your activity. Using a 7-point Likert scale (Strongly Disagree to Strongly Agree) provides more options and allows acknowledgement of excellent teaching.
You might choose to ask specifically about the following areas:

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

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

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

A standardized CPD Evaluation / Feedback form is provided (Toolkit C6) to illustrate the principles above. This should be used for all Category 1 & 3 activities. Within their personal DHP e-portfolio HCPs are also encouraged to complete a personal learning plan and additional reflections to encourage reflective learning and knowledge translation. Neither Hamad CPD nor an SPC has access to that.

Measuring Effectiveness of Educational Activities

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

measuring performance or health care outcomes. For simulation-based activities, Simulation Effectiveness Tool-Modified(SET-M) (Ref: Leighton, K et al, 2015). should be completed by the learners (Toolkit C7) to note how well their learning needs were met in the simulation experience.

B. FEEDBACK TO SPEAKERS

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

STEP 8: APPLICATION FOR CPD ACCREDITATION

Commence your CPD Accreditation application procedure by completing the relevant activity notification form with supporting documents. Following attachments are required to process your application:

- **Refer to the Activity Checklist for guidance**
- Complete the relevant notification form
- Conflict of interest forms
- Minutes of Scientific Planning Committee (SPC) meetings
- Summarized needs assessment
- Develop any content for your activity's collateral (e.g. brochure/booklet, roll up, website, save the date emails)
- Sample of content (sample presentation, lesson plans, print-outs, materials distributed, etc.)
- Activity evaluation form(s)
- Evaluation Forms
- Assessment
- Feedback methods
- Reflection reports

APPROVAL OF APPLICATION

- Application must be submitted to the relevant CPD area lead
- An activity checklist has been developed to assist in the application process and guidance with the necessary requirements, please ensure all the requirements are met prior to submitting.
- Complete the relevant activity notification form and thereafter submit the notification form with all supporting documents.

The CPD officer will accredit the activity according to DHP Standards.

- In compliance with the minimum DHP 30 days notification period prior to the start of the activity the CPD officer will assist in this process but the following documents are required in order to start the process :
  - ◆ Urgent Documentation required for accreditation :
    1. A completed DHP-CPD Activity Notification form
    2. A Summarized needs assessment
    3. The preliminary program /Brochure* which must include the following:
       - a)   Proposed date of the activity;
       - b)   The list of Presenters,
       - c)   The activity schedule or plan,
       - d)   The learning objective for the overall activity and individual sessions,
       - e)   Learning formats that was selected,
       - f)   All assessments that was selected (if applicable)
  - ◆ * For Conferences, this can be in a Word format; no design is required until just before the items are to be produced.
  - ◆ These documents are required a minimum of 6 weeks prior to the proposed date of the activity. * For major conferences CPD application should be made at the same time as seeking support/ approval from Medical Education. We suggest a minimum of 6 months for major Regional/International events and 3 months for local/ smaller scale activities; preferably earlier The aim is to provide feedback (approved/ review and resubmit/ not approved) within a 2week turnaround time which allows sufficient time for any marketing, collateral and logistics support from Corporate Communications Department
  - ◆ If accredited, the CPD officer will thereafter assist in notifying the DHP of the activity which is required at least 30 days prior to the commencement of the activity.
  - ◆ **All outstanding documentation will be required prior to the start of the activity.**
- The CPD committee quality assures activities including audit of documentation to ensure that compliance with DHP standards is maintained.

ACTIVITY CHECKLIST	
1. Completed CPD Notification form.	
2. Details of Scientific Planning Committee (SPC) meetings (and any other correspondence including emails).	
3. The summarized needs assessment results.	
4. The preliminary or final program/brochure (if applicable) including activity schedule, presenters and learning objectives for the overall activity and individual sessions. Text only required – no design/branding needed until ready for production	
5. Sample of content (sample presentation, print-outs, materials distributed, etc.). Text only required – no design/branding needed until ready for production	
6. Content for any other materials used to promote or advertise the activity (if applicable). Text only required – no design/branding needed until ready for production	
7. The completed conflict of interest form for each member of the SPC, speaker, moderator, facilitator, and author involved in the CPD activity.	
8. Any records related to SPC's conflict of interest management process.	
9. The template of activity evaluation form(s) developed for the activity (examples can be provided by CPD officer).	
10. The (summarized) evaluation results will be required after the activity.	
11. The budget for the activity detailing receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support.	
12. The sponsorship/exhibitor prospectus developed for the activity to solicit sponsorship/exhibitors (if applicable).	
13. Records of attendance for each participant (including the actual number of hours that each learner is eligible to record for credit) (total hours allocated to activity is provided by CPD officer).	
14. Tools or methods used to enable participants to demonstrate or to enable participants to record their answers to any assessment questions.	
15. Tools or methods used to give feedback to participants on their performance in assessment activities.	
16.Tools or methods used to guide participant reflection after participating in assessment activities (can be provided by CPD officers).	
17. Any multisource feedback instruments.	
18. Any direct observation assessment instruments	
19. Confirmed dates of activity with proposed venue – internal or external site	

STEP 9: MARKETING STRATEGIES

The majority of HMC activities are assisted by HMC Corporate Communications Dept. Their limited services are in high demand, so you must contact them early to ask for support.

If you need to engage the services of an outside agency, **they must adhere to DHP ethical and administration standards, with which they may be unfamiliar.**

It is entirely the SPCs responsibility to ensure that compliance.

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

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

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

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

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

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

Please see Toolkits A5 & B7 for the rules and carefully check your compliance.

STEP 10: MANAGING YOUR LOGISTICS

A.   REGISTRATION

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

Responsibility for registration and the collection of information pertaining to registrants lies with the SPC. You must not delegate to an industry sponsor. If you delegate to an external agency or third party, you remain responsible. Personal information from registration should not be shared or provided to sponsors, industry representatives or other external agencies. If registrants agree to their name appearing on a published list, only name, city and country should be provided (no contact information) see privacy policy (Toolkit A6)

B.   REFUNDS AND CANCELLATION of ACTIVITIES

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

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

C.   CERTIFICATE OF ATTENDANCE

Certificates of Attendance are issued to learners by the SPC. The approved version is provided by Hamad CPD on event approval. They must be fully compliant with the DHP approved format. The certificate must include the actual hours attended for each individual HCP as well as the maximum

hours achievable. The SPC are responsible for good record keeping, allowing accurate definition of the hours attended. For large/ complex activities consider the use of technology (e.g. RFID) and for smaller activities ideally sign in/ sign out sheets or if appropriate morning and afternoon registers. Each participant should claim only the hours of credit that they actually spent   participating in the educational program.

CPD certificates must be signed by the SPC Chair, this can be electronic or manual. Addition of other signatures and Departmental logos are acceptable, but never any commercial logo. Maintenance of attendee/registrant database information for auditing of accredited activities must be kept for six years.

A note on Certificates for speakers

Naturally you may give a certificate of appreciation to speakers, chairs, conveners etc. However please note the advice below regarding DHP CPD certificates of attendance for speakers. Your speakers can count as attendance any hours that they actually attend an activity as learners. E.g. if they attend a conference and speak for an hour they will get their attended hours as properly accounted for (strictly speaking minus the hour that they speak) BUT they can NOT have the whole conference hours applied 'just because they are a speaker' if they didn't attend the rest.

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

Category 2 learning for speakers: Please note that a speaker or teacher can apply for Category 2 learning themselves for any self-directed learning done whilst preparing a talk or teaching session e.g. if they read for 1 hour to prepare. They do not need any certificate or approval - this is based on honesty. Category 2 hours count as double credits.

AIMING HIGH AND MOVING FORWARD

A.   MEASURING CHANGE IN PRACTICE

If you want to measure a change in practice it is worth a follow up questionnaire to your participants 3-6 months after the event to enquire about self-reported change in practice. You might (for instance) send a compiled list of the 'commitment-to-change' actions expressed in the original feedback forms. Attendees are then asked to report actual changes implemented in their practice

since attending the educational activity. If your educational intervention is novel and a change of practice has been achieved, then it might be worth some scholarly activity.

B. IMPROVING YOUR ACTIVITY

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

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

C. SCHOLARSHIP AND RESEARCH

Looking into the impact of an educational activity on patient outcomes or population health is complex but demonstrating such an impact is of academic value and practical influence. HMC CPD and Medical Education strongly encourage scholarly endeavor to address whether CPD activities influence HCP, performance and/or patient outcomes and there is academic support within HMC. Come and talk to us if you have plans to incorporate such activity into your CPD program.

APPENDIX A: Hamad CPD Committee HCP leads

Below is the HMC CPD subcommittee organizational chart and a table of their contact details. Each HCP member can review and give approval for activities within their defined practice areas. If your proposed activity is aimed mainly at a single discipline, please contact the relevant member. If in doubt, please ask for advice
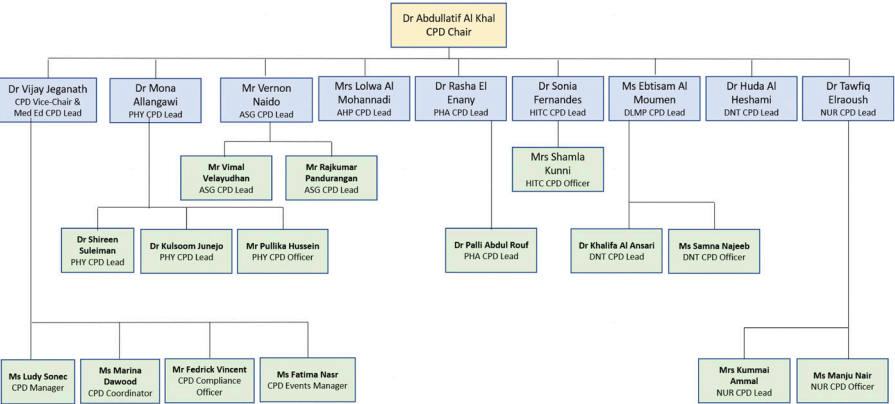
HCP areas	Name	Email	Approval area
All/ Medical	Dr. Muthusamy Thevar Sevugapandian Vijay Jeganath Ms. Marina Dawood Mr. Fedrick Vincent	MJeganath@hamad.qa MDawood2@hamad.qa FVincent@hamad.qa	All standalone events aimed at either physicians or multi–professional
Physicians	Dr. Mona Allangawi Dr. Shireen Suliman Dr. Kulsoom Junejo Mr. Pullika Hussain	Mallangawi@hamad.qa SSULIMAN@hamad.qa KJunejo@hamad.qa phussain@hamad.qa	All recurring events aimed at physicians
Nursing	Mr. TAWFIQ ELRAOUSH Mrs. Kumari Thankam Sivagnanam Ammal Manju Valsamma Radha Krishnan Nair	TELRAOUSH@hamad.qa KAmmal1@hamad.qa MNair9@hamad.qa	All events aimed at nurses
Ambulance	Mr. Vernon Naidoo Mr. Vimal Machampilly Velayudhan Mr. Rajkumar Pandurangan	VNaidoo@hamad.qa VVelayudhan@hamad.qa RPandurangan@hamad.qa	All events aimed at the ambulance service
Pharmacy	Dr. Palli Abdul Rouf Dr. Rasha El Enany	PABDULROUF@hamad.qa relenany@hamad.qa	All events aimed at pharmacy
AHPs	Mrs. Lolwa Al–Mohannadi	Lalmohannadi@hamad.qa	All events aimed at AHPs
Pathology Labs	Ms. Ebtisam Al Moumen	EMOUMEN@hamad.qa	All events aimed at lab staff
HITC	Dr. Sonia Dimple Sequeira Fernandes Mrs. Shamla Mulan Kunni	SDimple@hamad.qa SKUNI@hamad.qa	All HITC events
Dentistry	Dr Huda Alhashemi Dr Khalifa Al Ansari Ms. Samna Najeeb	halhashemi@hamad.qa kalansari@hamad.qa snajeeb@hamad.qa	All events aimed at dentistry

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

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

2	CORP	MEMBERS	ANESTHESIA DEPARTMENT	Contact	Email
1	16156	Dr. Nabil A. Shallik	CPD officer	55439264	nshallik@hamad.qa
2	19844	Dr.Arshad Chanda	SICU	55780270	achanda@hamad.qa
3	31169	Dr Jagadish Adiga	AKH	66480342	jadiga@hamad.qa
4	16717	Dr. Koti Srinivas Rao	AWH	55451499	Krao@hamad.qa

3	CORP	MEMBERS	EMERGENCY DEPARTMENT	Contact	Email
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