**Scientific Planning Committee (SPC)**

**& SPC Minutes of Meeting (MOM)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Activity Title** |  | | | | | |
| **Activity Date(s)** |  | | | | | |
| **Category 1 -Activity Type** |  | | | | | |
| In compliance with the MOPH DHP Standard for Support of accredited CPD activities, being a member of the Scientific Planning Committee (SPC) implies having significant involvement in the development, planning and implementation of the activity. As a result, the SPC must discuss key elements linked to organizing the activity | | | | | | |
| The **Scientific Planning Committee (SPC**) is ultimately responsible for the following program elements: | | | | | | |
| * Identifying the educational (learning) needs of the target audience**.** * Developing educational objectives based on the identified learning needs. * Selecting the educational methods best suited to address the learning needs. * Selecting the individuals who will serve as speakers/facilitators/moderators * Developing the content or evidence. * Evaluating the outcomes of the activity.   **Note:** **Scientific Planning Committee Chair** shall ensure that the CPD activity complies with MoPH-DHP-AS accreditation standards (Refer to signed attestation in HMC CPD Notification Form). | | | | | | |
| Please list all members of the SPC in the table below.  If you have this information already available electronically, please include it as an attachment.  Should you require more space, please attach a new page. | | | | | | |
| **Scientific Planning Committee Chair** | | | **Designation/ Organization** | | **Contact Information (email add/phone)** | |
|  | | |  | |  | |
| **Scientific Planning Committee** | | **Designation/ Organization** | | **How does this healthcare practitioner or person represent the intended target audience?** | | **Role and responsibilities in the activity** |
| E.g.Ms. X | |  | | E.g: Nurse/Physicians/AHP’s/  Pharmacist/Dentis | | E.g. Content Expert, Member  Learning Needs Identification |
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| **SPC Minutes of Meeting** | |
| Chair |  |
| Attendees |  |
|  |
| Apologies |  |
| Date of Meeting |  |

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| --- | --- | --- | --- |
| **Key Agenda Items** | | | |
| **Agenda** | **Discussion/Action Items** | **Responsible person** | **Remarks** |
| Welcome/Introductions/Apologies |  |  |  |
| Minutes of previous meeting & Approval |  |  |  |
| Learning Needs of the Target Audience |  |  |  |
| Educational Objectives of the activity |  |  |  |
| Educational Methods |  |  |  |
| Selection of speakers, faculty, facilitators, moderators, |  |  |  |
| Development of Content or evidence and “use of Peer Review Form” |  |  |  |
| Evaluation of the outcome of the activity |  |  |  |
| Resources |  |  |  |
| Budget |  |  |  |
| CPD Application |  |  |  |
| Others: |  |  |  |
| Date & Time of Next Meeting  *If available, give the date, time, and location of the next meeting*. |  |  |  |

***Add as many agenda item boxes as needed***