**F26: Peer Review Form**

**Reviewer:**

**Title:**

**Date:**

* **Comment on the design and learning outcomes.** YES or NO
1. Did the needs assessment clearly mention specific gaps by learners? Yes/NO
2. Are the professional practice gaps translated into learning outcomes? Yes/No
3. Are the learning outcomes SMART – specific, measurable, realistic and achievable, and realistic in the time-frame? Yes/No
4. Does the learning format (workshop, conference) support the learning outcomes? Yes/No
5. Has the evidence-base been consulted to inform the learners, and to provide balanced views? Yes/No
* **Comment on the target audience.**
1. Is the target audience represented in the needs assessment? Yes/No
2. Is the target audience represented in the Scientific Planning Committee? Yes/No
3. Does this activity meet the aims of Interprofessional Continuing Education (IPCE)? Yes/No
* **Comment on the evaluation tools.**
1. Will changes in knowledge be measured and reported on? Yes/No
2. Will changes in skills/competence be measured and reported on? Yes/No
3. Will changes in patient outcomes be measured and reported on? Yes/No
4. Will a reflection (pre-reading, reflective questions during or at the end of the program) be carried out? Yes/No

• **Comment on accreditation standards and availability of credits.**

1. Does the activity meet QCHP standards?
2. Does the activity meet Joint Accreditation standards?

** APPROVED –** describe if changes are required ** REJECTED**