**Department of Healthcare Professions**

**Accredited CPD Provider Audit Form**

**About the DHP-AS provider-based CPD accreditation system**

All DHP-AS accredited CPD providers are required to retain all documentation related to each accredited CPD activity offered during their CPD provider accreditation cycle for a period of 6 years.

The DHP-AS has developed an Accredited CPD Provider Audit Policy as part of its quality control plan to support the consistent application of the DHP-AS accreditation standards for CPD activities by accredited CPD provider organizations. The objective of this audit is to assess the adequacy of accredited CPD providers’ internal operations and their application of accreditation standards for CPD activities.

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

DHP-AS accredited CPD providers are required to submit a complete CPD Provider Audit Form to the DHP-AS accompanied by all required supporting documentation upon the DHP-AS’s request.

DHP-AS accredited CPD providers will be assessed on their level of compliance with the *DHP-AS Accreditation Standards for CPD Activities* during the audit process.

All audited DHP-AS accredited CPD providers will be provided with an audit report generated by the DHP-AS.

**Instructions**

Accredited CPD providers are strongly encouraged to complete a CPD Provider Audit Form and retain the required documentation for each accredited CPD activity that you develop. Not only will this practice support your organization to respond to an audit request in a timely manner, it will support any future applications to renew your organization’s status as an accredited CPD provider.

**How to complete this form**

1. Review the instructions above.
2. Complete the information found on page 2 (refer to the *DHP-AS* *Accreditation Standards for CPD Activities* for more information).
3. Retain the completed form for your records.
4. Provide a completed form and supporting documentation to the DHP-AS upon request.

**Accredited CPD Provider**

**Audit Form**

**Activity information:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of accredited CPD provider organization:** | SIDRA MEDICINE | | |
| 1. **Activity title:** |  | | |
| 1. **Activity type:** | |  |  | | --- | --- | | Accredited Group Learning  live, face-to-face conference  live, face-to-face symposia  live, face-to-face seminar  live, face-to-face workshop  educational rounds  journal clubs  online synchronous & blended learning | Accredited Assessment  knowledge assessment program  simulation  multisource feedback  clinical audit  direct observation assessment | | | |
| 1. **Date range of accreditation**   **(dd/mm/yyyy - dd/mm/yyyy)** |  | **8. Date(s) of activity**  **(dd/mm/yyyy)** |  |
| 1. **Intended target audience of the activity (please check all that apply):** | Allied health professionals  Complementary medicine  Dentists  Nurses  Pharmacists  Physicians  Other (please list): | **9. How many times was this activity held during the date range of accreditation?** | 1  2  3  4+ |
| 1. **Number of participants:** |  | **10. Has this program been accredited by another accrediting body?** | No  Yes  If yes, please describe:  *Joint Accreditation; ACCME*, *ACPE*, *ANCC* |
| 1. **Maximum number of accredited hours for the activity** |  | **11. Co-developing partner**  **(if applicable)** |  |

**Documentation requirements (variation depending on activity type)**

**For all activities**

|  |  |
| --- | --- |
| **Attachment 1** | Minutes of Scientific Planning Committee (SPC) meetings (and any other correspondence including emails). |
| **Attachment 2** | The (summarized) needs assessment results. |
| **Attachment 3** | The preliminary program/brochure (if applicable) including activity schedule, presenters and learning objectives for the overall activity and individual sessions. |
| **Attachment 4** | The final program brochure including activity schedule, presenters and learning objectives for the overall activity and individual sessions. |
| **Attachment 5** | Any other materials used to promote or advertise the activity (if applicable). |
| **Attachment 6** | The completed conflict of interest form for each member of the SPC, speaker, moderator, facilitator, and author involved in the CPD activity. |
| **Attachment 7** | Any records related to SPC’s conflict of interest management process. |
| **Attachment 8** | The template evaluation form(s) developed for the activity. |
| **Attachment 9** | The (summarized) evaluation results. |
| **Attachment 10** | The budget for the activity that details the 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. |
| **Attachment 11** | The sponsorship/exhibitor prospectus developed for the activity to solicit sponsorship/exhibitors (if applicable). |
| **Attachment 12** | The template certificate of participation provided to participants. |
| **Attachment 13** | Records of attendance for each participant (including the actual number of hours that each learner is eligible to record for credit). |

**For assessment activities (variation depending on activity type)**

|  |  |
| --- | --- |
| **Attachment 14** | Tools or methods used to enable participants to demonstrate or apply their knowledge, skills, clinical judgment or attitudes in all key areas or domains. |
| **Attachment 15** | Tools or methods used to enable participants to record their answers to any assessment questions. |
| **Attachment 16** | Tools or methods used to give feedback to participants on their performance in assessment activities. |
| **Attachment 17** | Tools or methods used to guide participant reflection after participating in assessment activities. |
| **Attachment 18** | Any multisource feedback instruments. |
| **Attachment 19** | Any direct observation assessment instruments. |

Department of Healthcare Practitioners Accreditation Section