



**COLLEGE OF
PHARMACISTS
OF MANITOBA**

**Professional Development
Program Provider
Accreditation Package**

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Introduction

The Canadian Council on Continuing Education in Pharmacy (CCCEP) is the national accrediting body for continuing pharmacy education (CPE) programs in Canada. The College of Pharmacists of Manitoba (CPhM) adopted and uses the *Standards for CCCEP Accreditation*, and the accompanying guidelines to accredit learning activities for Manitoba pharmacists and pharmacy technicians. For information regarding the guidelines, please visit the CCCEP website at www.cccep.ca. Please note that the CCCEP guidelines provide the College of Pharmacists of Manitoba (CPhM) with the authority to accredit programs and conferences that are intended for **sole delivery to a local audience of Manitoba pharmacy and health care professionals. Pharmacy learning activities and conferences that are developed for and delivered to a national audience in Canada, regardless of their location, may only be accredited by CCCEP.**

The CPhM accreditation process is designed to assure quality continuing professional development (PD) programs and learning activities for all pharmacy professionals in Manitoba. Program accreditation aims to:

- Enhance the quality of CPE or PD at the post-baccalaureate level;
- Provide pharmacy professionals with a dependable basis to select quality programs;
- Enable uniform assignment and acceptance of CPE or PD accreditation across Canada; and
- Promote the development and selection of quality and appropriate CPE or PD to assist pharmacy professionals to maintain competence, enhance practice and improve patient health outcomes.

Adherence to the standards and guidelines for CCCEP accreditation helps assure that all accredited courses are current, accurate, balanced, and relevant to practice.

This document is intended to assist providers in the planning process and in submitting an application for CPhM accreditation. A program provider is any individual or group that offers or provides a learning activity for pharmacy professionals. Providers must understand and adhere to the requirements and guidelines of this document as well as understand their accountability for the quality of the professional development (PD) program or learning activities they deliver.

For information on accreditation of conferences or standing accreditation, please contact the CPhM office for further details.

Professional Development Learning Principles

The following set of overarching principles work together to provide the foundation of accreditation standards and guidelines for CPE and PD. In order to meet accreditation guidelines, the following learning principles must be present in the learning activity:

- The learning activity reflects generally accepted adult education principles.
- The content includes a critical analysis of the current best available evidence.
- The learning activity is relevant to pharmacy practice and will be driven by patient care and practitioner learning needs.
- The learning activity facilitates knowledge transfer, behaviour change, and application to practice.
- The learning activity does not promote a product, service, perspective, or organization.
- All groups and individuals provide disclosure of situations that may impair their objectivity and/or give rise to a perception of bias.
- All learners have access to the information needed to make informed decisions about registering in the learning activity.

Important Notes on CPhM Accreditation

Overview

- The College can only accredit presentations intended for delivery in Manitoba only. Pharmacy programs and conferences that are developed for and/or delivered to an audience in more than one province, regardless of their location, may only be accredited by the national accrediting body, i.e. The Canadian Council on Continuing Education in Pharmacy (CCCEP) in Canada and the Accreditation Council for Pharmacy Education (ACPE) in the US.
 - For this reason, the College cannot accredit pre-prepared presentations or learning activities created by an organization that are used for presentations across Canada or elsewhere.
- The College recognizes accredited learning activities that have been accredited by: The Canadian Council on Continuing Education in Pharmacy (CCCEP); the Manitoba Pharmaceutical Association (MPhA) or the College of Pharmacists of Manitoba (CPhM); the Accreditation Council for Pharmacy Education (ACPE); the American Medical Association (AMA); Continuing Medical Education (CME) Programs accredited by The Royal College of Physicians and Surgeons of Canada (MOCOMP) or The College of Family Physicians of Canada (Mainpro), and Courses and programs relevant to pharmacy practice from a Canadian University.
 - If a learning activity is already accredited by one of the above recognized bodies, the College does not re-accredit the activity unless it is a conference or special circumstance. This is done on a case-by-case basis.
- The CPhM accreditation process does not serve as a content review and does not take the place of an expert review. All learning activities must be reviewed by an independent topic expert or peer reviewer to ensure learning activities are clinically relevant, unbiased, current, and evidence-based before being submitted for accreditation by the College. If the author is not a topic expert, a review must be done by an independent topic expert.
- The College can advertise accredited learning activities on its website as long as the learning activity is open for registration to all pharmacists (or pharmacy technicians) in Manitoba.
- Applications for accreditation must be submitted in advance of the learning activity.

Assignment of Continuing Education Units

- One Continuing Education Unit (CEU) is equivalent to one contact hour (60 minutes) and is awarded in 15 minute (0.25 CEU) intervals.
- The total number of CEU for a learning activity include the contact hours of a live learning activity but exclude breaks greater than 5 minutes and all non-educational activities.
- The College issues Business Continuing Education Units (BCEU) to recognized, accredited programs in business or personal development relevant to pharmacy practice. A maximum of 10 BCEU in any 3 consecutive year period may be recorded from recognized, accredited programs in business or personal development.
- A learning activity can be submitted for accreditation for delivery to pharmacists, technicians, or both.
- The accreditation period for a learning activity is one year, but the accreditation can be renewed if the content is still current and relevant at the time of renewal.

- An accreditation submission review can take upwards of three business weeks. Incomplete submissions will delay the accreditation process.

Confirmation of Participation

- Providers must have a sound method to confirm participation in the learning activity and will only issue a Statement of Attendance or Participation to participants who successfully complete the learning activity.
 - Attendance records of all pharmacists and/or pharmacy technicians will be maintained by the provider for 3 years following the provision of the learning activity.

Content and Design

- All learning activities must include a conflict of interest slide, learning objectives, and references.
- Disclosure of sponsorship and all real or potential conflicts of interest must be made to the participants (even if there are none to disclose) at the beginning of a learning activity.
 - See the Appendix A: Sample Disclosure Slide.
 - In addition to mentioning and listing all financial or other relationships (such as donations, grants, research support, consulting fees, speaker fees) that may influence or be perceived to influence objectivity, the speaker must explicitly mention if the learning activity has been supported by a particular company or sponsor and if the speaker is receiving an honorarium or speaking fee (and from who) for the activity.
- Program evaluations must contain a question on whether the participant detected any bias in the learning activity, and if so, a space to explain.
 - See Appendix B: Sample Program Evaluation.
- Generic names must be used in accredited learning activities.
 - Brand names may be used when it is important to avoid confusion between products, or there is no generic name. The brand name of all similar or equivalent products will be used, and every drug mentioned should be referred to in a similar manner.
- Colours and images used in content and promotion materials must be neutral and not be those of a company or drug mentioned in the learning activity.
- Logos of commercial organizations or any pharmaceutical companies cannot be used on the slides. Company names must not be used, except that the name of a sponsor may be mentioned at the beginning or end of a learning activity.

Promotional Materials

- No product, promotional materials or company information can be distributed in the meeting room or within 15 feet of the entrance to the meeting room and must be located separately from educational activities. Such materials must not be distributed in the same space used for learning activity delivery before, during or at the conclusion of a learning event. Exceptions may be allowed in the case of device demonstrations that are required for teaching and learning purposes. In this case, a representation of all available, similar devices from all companies must be demonstrated. Please contact the College for more information.

Non-Adherence

- Failure to adhere to the CCCEP guidelines and the guidelines in this document may result in denial or revocation of accreditation.

Application Checklist

The following documents must be submitted in advance of the learning activity in order to start the accreditation review process:

Application Documentation	Included (✓)
Completed Application Form	
Program outline, agenda or time frame (including all scheduled breaks* and Q and A sessions)	
Copy of Slides and Handouts	
Program Evaluation Form	
Declaration Checklist Form	

*Breaks longer than 5 minutes do not count towards the total contact time for the learning activity.

Program Provider Accreditation Request Form

The College of Pharmacists of Manitoba has adopted the Guidelines and Criteria for CCCEP Accreditation. For a copy of these guidelines and criteria, please visit the CCCEP website at www.cccep.ca. The following information is necessary to effectively evaluate a learning activity and assign continuing education units (CEU). Please be as concise and complete as possible. Attach additional pages as necessary.

Submission Documents:

<i>The following documents MUST be submitted with this application: [Attach copies of all brochures, announcements, agendas, etc. related to the learning activity.]</i>		
Schedule/agenda/time frame of learning activities	Yes <input type="checkbox"/>	
Copy of presentation slides <small>*Not applicable (N/A) can only be selected if presentation slides are not being used for the learning activity. In this case, an outline, speaker notes and other associated materials/content must be submitted.</small>	Yes <input type="checkbox"/>	N/A* <input type="checkbox"/>
Program Evaluation Form	Yes <input type="checkbox"/>	
Declaration Checklist Forms for Presenter, Author and Provider	Yes <input type="checkbox"/>	

Is or will this learning activity be offered to pharmacists, technicians, or other health care professionals licensed outside of Manitoba?

<input type="checkbox"/> Yes	Please contact the Canadian Council for Continuing Education in Pharmacy (CCCEP) at www.cccep.ca for information on accreditation. The College can only accredit local programs (for delivery to pharmacists and/or technicians in Manitoba).
<input type="checkbox"/> No	Please complete the information below.

Was the learning activity reviewed by an independent topic expert or peer reviewer to ensure the program was clinically relevant, unbiased, current, and evidence-based before being submitted for accreditation by the College? (If the author is not a topic expert, a review must be done by an independent topic expert).

<input type="checkbox"/> Yes	Please complete the information below.
<input type="checkbox"/> No	The learning activity must be reviewed by an independent topic expert or peer reviewer before being submitted for accreditation.

Would you like us to post a link to your learning activity on our website?

<input type="checkbox"/> Yes	Accredited programs can be posted on the College website if registration is open to all pharmacists or pharmacy technicians in Manitoba. Provide website link to information on learning activity:
<input type="checkbox"/> No	

Learning Activity Details:

<i>Basic Learning Activity Information</i>	
Date of Submission	
Learning Activity Title	
Date(s) of Program	
Program Venue/Location	
<i>Program Provider</i> A program provider is any organization that develops and/or delivers professional development programs for health professionals	
Contact Person	
Organization	
Telephone	
Fax	
E-mail	
<i>Program Sponsor if different from Program Provider</i>	
Contact Person	
Organization	
Telephone	
E-mail	
<i>Continuing Education Units (including Question and Answer period but NO breaks)</i>	
Number of contact hours	

Briefly describe the targeted audience (e.g. pharmacists, technicians, and specialties):

Describe how the content of the program is relevant to pharmacy practice:

List the learning objectives for the learning activity:

Outline the qualifications of the Presenter (and Author if different):

Declaration Checklist of Author, Presenter, Program Provider

This form is to be completed by **each individual involved in the development and delivery of the program as a program provider, author, and/or presenter**. It is to be submitted with all required documents.

Program title	
Date(s) of delivery	
Full Name	
Check all that apply:	
I am the author of the learning activity	<input type="checkbox"/>
I am the presenter of the learning activity	<input type="checkbox"/>
I am the program provider (or their representative) of the learning activity	<input type="checkbox"/>

Condition/Requirement	Yes	No
Instructions: Answer “yes” or “no” to each question. You must answer all questions.		
To be completed by authors and presenters only:		
Active Learning and Evidence-Based Content		
I will provide learners with the opportunity to interact with, or apply, the information (eg. case studies, reflective exercises, discussion groups) when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
I will provide learners with an opportunity to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>
The evidence presented in this presentation is a thorough and balanced presentation of the best available current evidence relating to the topic of the program.	<input type="checkbox"/>	<input type="checkbox"/>
I have included references in the presentation.	<input type="checkbox"/>	<input type="checkbox"/>
All evidence relevant to the topic was reviewed and critically appraised.	<input type="checkbox"/>	<input type="checkbox"/>
If I make therapeutic recommendations for medications that have not received regulatory approval (e.g., “off-label” use of medications) I will clearly state that it is an off-label use.	<input type="checkbox"/>	<input type="checkbox"/>
Transparency and Minimizing Bias		
I have: <ul style="list-style-type: none"> (i) used trade/brand names only when necessary for accuracy and to avoid confusion, (ii) only used the trade name once (and placed the generic name in brackets after the trade name), and (iii) presented all relevant trade names for similar/equivalent products/devices for all companies if brand names are used. 	<input type="checkbox"/>	<input type="checkbox"/>
I have not used corporate or drug/device company names in the presentation, except to acknowledge a sponsor at the beginning of the presentation. Logos for these organizations cannot be used anywhere in the presentation.	<input type="checkbox"/>	<input type="checkbox"/>
I have not used images or materials from promotion or product information of commercial enterprises.	<input type="checkbox"/>	<input type="checkbox"/>
No product or company information will be presented or distributed in the meeting room or within 15 feet.	<input type="checkbox"/>	<input type="checkbox"/>
I have included a Disclosure/Conflict of Interest slide in my presentation, even if I have nothing to disclose. <i>See Sample Disclosure Slide.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I will provide full disclosure to participants/learners verbally and visually.	<input type="checkbox"/>	<input type="checkbox"/>
I will have an independent topic expert or peer review all of the learning activity materials. If the author is not a topic expert, the learning activity must be reviewed by a topic expert.	<input type="checkbox"/>	<input type="checkbox"/>

Condition/Requirement	Yes	No
To the best of my knowledge, the learning activity is clinically relevant, unbiased, complete, accurate, current and appropriately referenced.		
Sponsorship		
I have received funds from a commercial interest to develop, author or present the program. <i>If the answer is "no", go to next section, if the answer is "yes", answer the following:</i>		
I have exercised independent judgement in the development and presentation of the program and have ensured that I have not been influenced by the sponsor in the selection, development or presentation of the content for this program.		
I will not state or demonstrate a preference for a specific brand or company.		
The sponsorship did not influence the structure or content of the learning activity and funding was not and will not be used to promote the products, specific interests, preferences, opinions or positions of the sponsor.		
Learner Materials and Evaluation of Learning Activity		
I will provide each learner with an evaluation form at the end of the session and encourage its completion.		
I will provide the learners with references.		
The colour scheme of my slides is <u>not</u> similar to the colours used in a company or product promotion materials or website of any product mentioned in the program.		
I have appropriately used and acknowledged copyrighted materials.		
To be completed by program providers only:		
I have ensured that the learning activity is relevant to the work and decisions of pharmacy professionals.		
I will ensure that each successful participant receives a statement of attendance or participation.		
I will maintain a list of those who attended the program for a period of three (3) years.		
The number of continuing education units does not include breaks and meal time.		
This learning activity is intended for delivery to pharmacy professionals and other health professionals in Manitoba only.		
No product or company information will be presented or distributed in the meeting room or within 15 feet.		
Funding was not and will not be used to promote the products, specific interests, preferences, opinions or positions of the sponsor.		
I will ensure the presenter provides each learner with an evaluation form at the end of the session and encourage its completion.		
To the best of my knowledge, the learning activity is clinically relevant, unbiased, complete, accurate, current and appropriately referenced.		

If you answered "no" to any of the above questions, please provide a brief explanation why for each item:

Acknowledgment:

I, _____ [*print name*], acknowledge that the above information is accurate and I understand that this information may be publicly available if requested.

Signature

Date

Appendix A: Sample Disclosure Slide

All presentations must have a conflict of interest/disclosure slide. It must include disclosures on the relationships and conflicts of interest of the presenter and funding and other support for the program.

Instructions regarding Disclosure Slides:

- A presenter must include a disclosure slide even if there are no conflicts of interest to disclose.
- Separate presenter disclosures are to be included for each presenter.
- The presenter must present the slide visually and verbally.
- A commercial entity is any pharmaceutical or device manufacturer, distributor or marketer.

Conflicts of Interest / Disclosure Slide Sample

- Presenter's Name: [Name]
- I have no conflicts to disclose or
- I have the following relationships with commercial entities:
 - Advisory Board/Speaker's Bureau - [Entity Name]
 - Funding (Grants, Honoraria) - [Entity Name]
 - Research/Clinical Trials - [Entity Name]
 - Speaker/Consulting Fees - [Entity Name]
 - Other:
 - Current/Past Employee, Investments, Patent in Product, etc - [Entity Name]
- Speaking Fees for current program
 - I have received a speaker's fee from [Entity Name] for this learning activity
- This program has received no financial or in-kind support from any commercial or other organization or
- This learning activity has received financial support from [organization name] in the form of [describe - eg. educational grant]
- This learning activity has received in-kind support from [organization name] in the form of [describe - eg. logistical support]

Appendix B: Sample Program Evaluation

Name:	License Number:
Email Address:	Practice Area:
Program Title:	Date of Completion:

Please indicate your level of agreement by putting an in the appropriate column.

- | | |
|----------------------------|---------------------|
| 1 = Strongly disagree | 4 = Agree |
| 2 = Disagree | 5 = Strongly agree |
| 3 = Neither agree/disagree | NA = Not applicable |

Statement		1	2	3	4	5	NA
1.	The content of the activity was useful and relevant to my role as a healthcare provider.	<input type="checkbox"/>					
2.	The activity met the stated learning objectives.	<input type="checkbox"/>					
3.	The depth of the activity was at just the right level.	<input type="checkbox"/>					
4.	The activity met my individual learning needs.	<input type="checkbox"/>					
5.	The activity was well organized.	<input type="checkbox"/>					
6.	The methods of instruction used made it possible to understand and apply the information in an effective manner.	<input type="checkbox"/>					
7.	The presenter delivered the information clearly.	<input type="checkbox"/>					
8.	I learned something that I can apply to my practice.	<input type="checkbox"/>					
9.	I would recommend this activity to my colleagues.	<input type="checkbox"/>					

What is your overall evaluation of the speaker(s) for this program?	Poor	Fair	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you note any bias in the activity content, presentation or promotion? If "yes" please explain below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

What was the most valuable aspect of this learning activity?

What was the least valuable aspect of this learning activity?

Describe at least one change you will make in your practice as a result of this program?

What topics should be considered for future learning activities?

General comments

Thank you for your valuable feedback. Please return this evaluation to [Name, contact information]