* **Complete ALL sections of this form**
* **The assessment process requires ALL required supporting documents please use the checklist provided at the end of this form**
* **Submit at least four weeks before you advertise or circulate invitations**

**Retrospective applications cannot be approved**

|  |
| --- |
| **Title of Activity: *this can not contain a sponsor or product name*** |
|  |
| **Date(s) of Activity:**  Y*ou can use one application form to apply for a series of recurring activities within one Professional Competence year (1 May to 30 April). We cannot approve activities retrospectively.* |
|  |
| *Website url: (if applicable)* |
|  |

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| --- | --- | --- | --- |
| **Estimated number of Attendees:** | | |  |
| *Your event should be predominantly aimed at post-training doctors and fall under the* ***External*** *(Maintenance of Knowledge and Skills) category. Please enter details of your target audience below.* | | | |
| *Estimated Number  of Attendees:* | *Target Medical  Specialty (ies)* | *Target Role(s)* | *Allied Profession* |
| *Is there a registration fee for this activity?* | *Type Yes or No* | *Registration fee Amount:* | *€* |

|  |
| --- |
| **Venue(s):** Please provide the exact address where your activity will take place |
|  |
| **Live Webinars:**  Provide details of how the live webinar will be accessed (e.g. Zoom..Panopto… etc) |
|  |
| *Please note that* ***recorded*** *webinars are not eligible for approval in the External CPD category* |

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| **Organising Institution:** The Institution ultimately responsible for hosting the activity |
|  |
| ***Tick one Institution Type:***  Medical Association/Society  Hospital/University  State  Charity:  Event Management  Industry Sponsor  Professional Education Provider  Other  (please describe)……………………………………………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Organiser:** | | **Administrator:** | |
| *The Medical Organiser for this activity must hold Specialist Registration with the Irish Medical Council and assumes responsibility for ensuring the scientific validity and objectivity of the educational content and that the activity will support a doctor’s maintenance of Professional Competence. He or she must personally complete the* ***Medical Organiser Declaration****. The Medical Organiser cannot be an employee of an Industry Sponsor* | | *The Administrator is the person responsible for co-ordination and logistics, including contacting attendees, registration, and issuing of CPD attendance certificates following the event.* | |
| Name |  | Name |  |
| Irish Medical Council Registration Number |  | Title |  |
| Employer |  |
| Phone/Mobile |  | Phone/Mobile |  |
| Email |  | Email |  |

|  |  |
| --- | --- |
| **Declaration**  **Industry sponsors must also provide the additional information listed in the Application Checklist section of this form** | **Tick = Yes Blank = No** |
| The Medical Organiser is not an employee of an Industry Sponsor |  |
| The learning component of this event is unbiased |  |
| A means for participants in this activity to provide learner feedback is available |  |
| The administrator for this activity will complete and submit the Post Event Report no later than three weeks after the activity is complete |  |
| All participants in this activity will be provided with clear evidence of participation which meets the criteria outlined in RCPI Guide [Evidence for External CPD](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/01/External-Evidence.pdf) |  |
| Record of attendance/participation and feedback received will be maintained for one year following the date this activity took place. |  |
| *For activities supported by sponsorship* |  |
| Display tables/material related to sponsor or sponsor’s products will not be placed in the education area (lecture theatre or room where educational content is delivered) |  |
| Educational programme and other materials associated with this activity do not contain any advertising, trade or corporate message or logo |  |
| Meeting title and programme titles do not contain or refer to the sponsor or any product |  |
| Copies of all advertising material including website details and invitations to attendees are included with this application |  |
| The sponsorship arrangements for this event are compliant with the guidelines of the Irish Pharmaceutical Healthcare Association and/or the Code of Ethics on Interactions with Healthcare Professionals (Medical Devices) |  |

**Describe the Educational Activity**

|  |
| --- |
| **Duration of Education Sessions** *(not including registration, opening/closing speeches, prize-giving, breaks etc)* |
| *Enter the title, start and finish time of each session here. If your programme does not already include the name and appointment of each speaker and full title of their presentation, you should also include that information. Add extra rows as required.*   |  |  |  |  | | --- | --- | --- | --- | | ***Start Time*** | ***Finish Time*** | ***Title*** | ***Speaker*** | |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are the learning objectives of this activity? *(Tick all that apply)*** | | | |
| Improvements in knowledge/skills/ competencies | Intent to change practice | Improvements in learner performance | Changes in patient health status |
| Other: (Please Specify): | | | |

|  |
| --- |
| **What specific skills/knowledge will participants acquire during the activity?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Which teaching methods will be used? *(Tick all that apply)*** | | | |
| **Lectures** | Tutorials | Demonstrations | Practicals |
| Workshops | Discussion Groups | MCQs | Quizzes |
| Individual Performance Review | | | |
| Poster Presentations (moderated) | | Poster Presentations (unmoderated) | |
| Other: (Please Specify): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Which of the Medical Council’s 8 Domains of Good Professional Practice are addressed in the educational activity? *(Please tick the domain(s) applicable)* | | | |
| Patient safety & quality of patient care | Management (including self management) | Relating to patients | Professionalism |
| Communication & interpersonal skills | Collaboration & teamwork | Scholarship | Clinical skills |

**Details of Sponsorship**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is sponsorship sourced from an Industry Sponsor (pharmaceutical or medical device company) *(Tick one)*** | | | |
| Event is not sponsored | Event organised, managed or hosted by or on behalf of a single Industry sponsor | Event with multiple  industry sponsors | Event supported by an unrestricted educational grant |
| Main Sponsor: | | | |
| Main Sponsor Contact Name: | | | |
| List all sponsors and how they are connected to the event: | | | |
| What is the total value of the sponsorship? | | | |
| Please describe the relationship between the sponsor(s) and the speaker(s) | | | |

**RCPI Website Listing**

|  |  |
| --- | --- |
| **Would you like to include your activity in the RCPI Website Listing?** | **Type Yes or No below** |
| **Please include this activity in the RCPI Website listing** |  |
| *To be eligible for inclusion in the RCPI Website listing the activity must meet the following criteria:* | |
| Be open to all doctors who have interest in the topic |  |
| Is not aimed specifically at employees of your organisation/institution |  |
| Completed application form and all supporting documents submitted 4 weeks before you advertise the activity |  |
| Name of the contact for registration *The contact for registration cannot be a sponsoring Institution* |  |
| Email address for registration  *Do not provide a url, it will not be used* |  |

**Please note**: Eligible activities will be published to the RCPI website. All dates and venues on the RCPI website are available to the public and queries regarding the activity will be directed to the email provided by the applicant. In this regard, it is essential that any changes in dates or venues be notified to professionalcompetence@rcpi.ie as soon as they arise.

**Disclaimer:** While every effort is made to ensure the accuracy of the information provided on the RCPI website, RCPI cannot accept any responsibility or liability for information provided by outside organisations.

**Ensure your application is correct and ready to submit by completing the application checklist (next page of this form)**

**Application Checklist**

| **Your application is not complete until all the supporting material has been provided** | |
| --- | --- |
| **Medical Organiser Declaration**  The Medical Organiser for this activity assumes responsibility for ensuring the scientific validity and objectivity of the educational content and that the activity will support a doctor’s maintenance of Professional Competence. He or she must personally complete the Medical Organiser Declaration. The Medical Organiser cannot be an employee of an Industry Sponsor.  Download a Medical Organiser Declaration form [from www.rcpi.ie/Professional Competence / Apply for CPD approval for your event](https://rcpi-my.sharepoint.com/personal/russellt_rcpi_ie/Documents/Professional%20Competence%20Files/Professional%20Competence/01%20Guidance/CPD%20Approval/from%20www.rcpi.ie/Professional%20Competence%20/%20Apply%20for%20CPD%20approval%20for%20your%20event) |  |
| **Invitation:**  Copy of the invitation in the form that it will be circulated to prospective attendees. |  |
| **Website:**  Url of the relevant web page, and access details if required to view the page have been entered in the application form. |  |
| **Advertisement:**  Copy of advertisement design as it will appear in electronic and/or print media  (*if you have not advertised, enter “n/a”).* |  |
| **Programme:**  **Final** programme as it will be presented to attendees including:   * details of faculty members, including their post and relevant experience * titles of lectures, workshops and sessions * start and end time of individual lectures, workshops and sessions   If the required information is not included in the programme, enter the required information in the space provided on the application form.  Provisional programmes may not provide sufficient detail about education content and scheduling to allow a decision on CPD approval and therefore will not be accepted. |  |
| **Sponsorship from Pharmaceutical or Medical Device Companies (Industry Sponsors):**   * Sponsors are identified on a separate page or section of the programme * The programme and educational material, including poster presentations and slides, do not bear any corporate message, product name or logo. |  |
| **Learner Feedback Form**   * We understand that we must provide a means for participants in this activity to submit feedback and that we may be asked to provide this data for audit at a later date * We will keep learner feedback for 1 year from the date this activity took place * We include an example of the learner feedback form we will provide to participants in this activity   *If an online form is used, screenshot, url and relevant login details must be provided with this application* |  |
| **Evidence of attendance/participation**  We understand that we must provide clear evidence of attendance/participation in a form that doctors can use to support their CPD claims.  **Download our guide:** [Evidence for External CPD](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/01/External-Evidence.pdf)  **Download a template:** [Example Template for External CPD](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/11/CPD-Attendance-Template.doc) |  |
| **Single Training Body Assessment:** Application has not been submitted to any other Irish Postgraduate Medical Training Body. |  |
| **Live Audit:**  We understand that, in line with EACCME criteria for the accreditation of live educational events (LEE), our activity may be subjected to a live audit by RCPI on the day. |  |

|  |  |
| --- | --- |
| **Additional information required when application is submitted by or on behalf of an Industry Sponsor or Professional Commercial Education Provider**  ***Type extra details as needed*** | **Tick = Yes Blank = No** |
| Clarification of the nature of the relationship between your company and the individual speakers/faculty members |  |
| Medical Organiser is not an employee of the applicant company |  |
| Medical Organiser Declaration has been completed by the Irish Medical Council registered doctor who will take responsibility for the application |  |
| Conflict of interest disclosure form attached, completed and signed by **all** the members of the Scientific/Organising Committee/Faculty |  |
| All paid speakers and speakers with any conflicts have a conflict of interest slide in their presentation that shows the nature of their conflict |  |
| We confirm our understanding that presentations from employees of the applicant company cannot be approved for CPD |  |

|  |  |
| --- | --- |
| **The final step to close the loop** | **Tick = Yes Blank = No** |
| I understand that in order to complete this approval process, I must submit a Post Event Report no later than 3 weeks after the end date of this activity, through the unique link that will be issued when approval has been confirmed |  |