



Application for CME e-learning programme endorsement

- > Please send in your application 4–6 weeks prior to your programme's start date to allow for processing and advertising.
- > Please attach additional sheets if your answers exceed the space provided.

DETAILS OF APPLICANT

Name of responsible organisation:

Name of coordinator or contact person:

Address:

Phone:

Email:

DETAILS OF E-LEARNING PROGRAMME

Description

Programme title:

Programme format (web-based, online forum, DVD etc.):

Number of education hours involved in the programme?

Content

PLEASE NOTE: It is a requirement that you provide a **programme outline**, any relevant **content materials** and/or **electronic links** (guest log-in) to content that will enable us to examine the programme content.

Please give a brief summary of the programme:

Please describe the purpose and relevance of this programme to improving the quality of clinical effectiveness in general practice:

Please describe any steps taken to identify the learning needs of general practitioners with reference to this topic:

Please give the names, qualifications, designation and contact details for members of the planning team and advisors and contributors on the committee for planning and programme design.

PLEASE NOTE: At least one of the planning team **must be** a vocationally registered (**FRNZCGP**) general practitioner.

Name:

Qualifications and/or designation:

Contact details (including email):

Name:

Qualifications and/or designation:

Contact details (including email):

Name:

Qualifications and/or designation:

Contact details (including email):

Name:

Qualifications and/or designation:

Contact details (including email):

Please describe any additional efforts you have made to ensure GP input and a general practice focus in programme design:

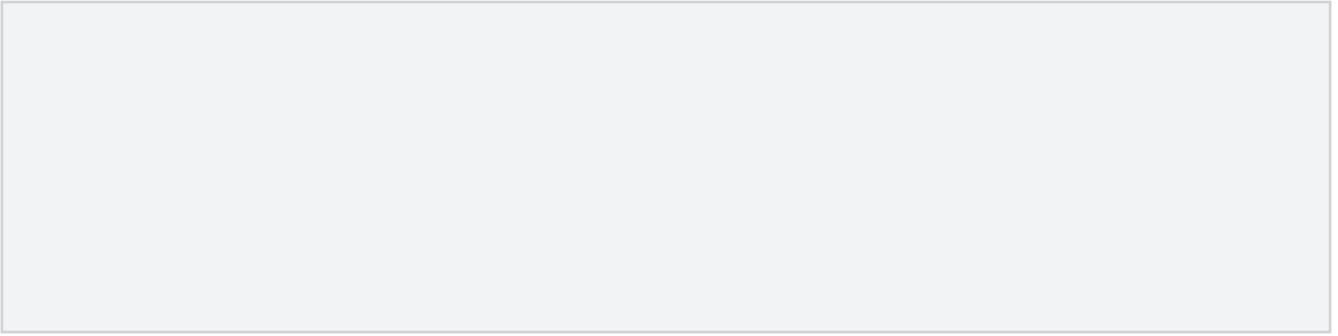
How do you ensure that the educational content is current and based on best available evidence?

Please give details of any sponsorship arrangements linked to the programme. (Please outline any input the sponsor has had in the choice of the presenter(s) or the educational content of the event.)

Are there any potential sources of commercial or professional bias, conflicts of interest or contentious issues that could affect the impartiality of the programme?

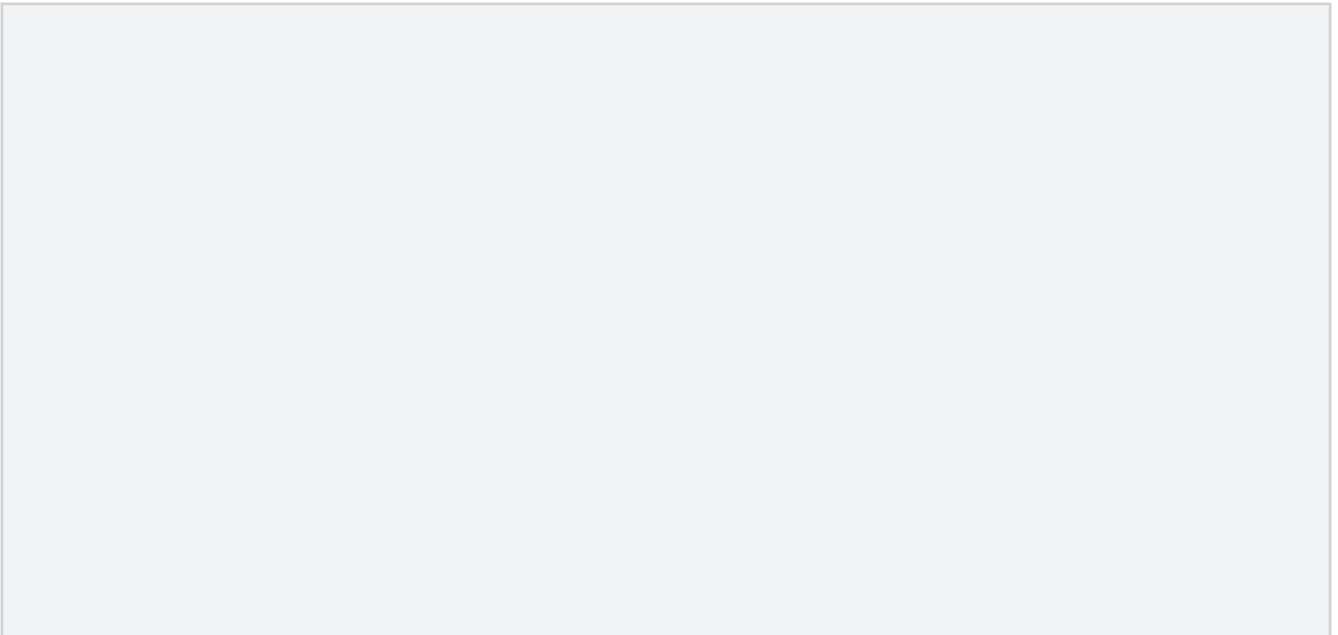
TEACHING AND LEARNING

Please outline the expected learning outcomes of the programme

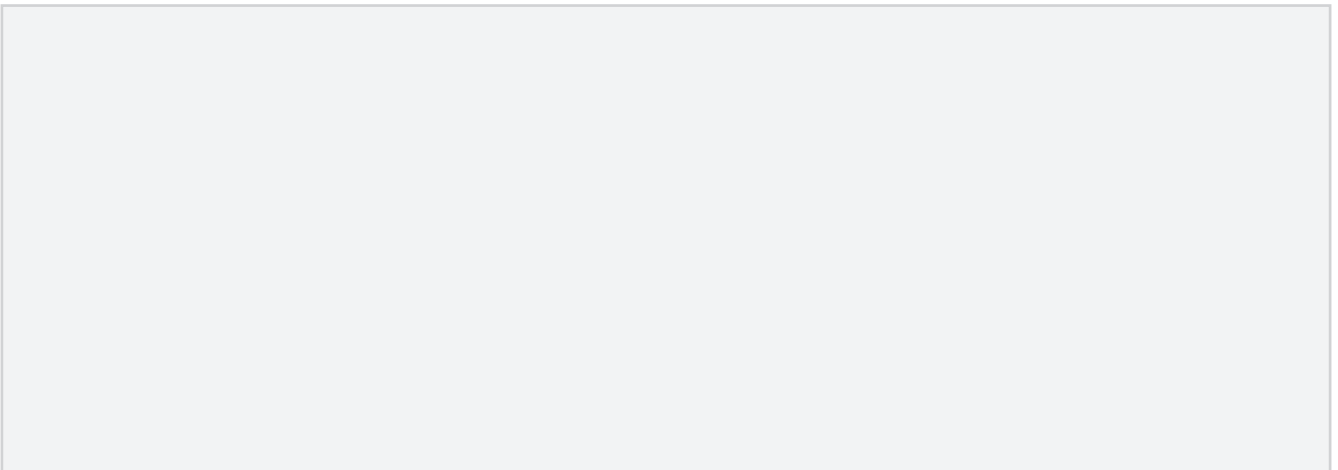


Please include a brief description of the education techniques that will be employed to ensure the learning objectives are met, such as:

- Encouraging participants to identify their specific learning needs
- Encouraging active participation in the learning process
- Encouraging reflection on the learning that has occurred
- Developing strategies that encourage the implementation of the knowledge and skills learnt to produce improvement in clinical care and/or personal professional development.



If participation in this programme is assessed, please describe how:



QUALITY MECHANISMS AND EVALUATION

Please outline your quality mechanisms, such as:

- Processes for evaluating participant satisfaction with the education they received
- Processes for content review
- Processes for evaluating the effectiveness of the programme in achieving the stated objective(s), and
- Any plans for a longer term follow-up to measure outcomes of this educational activity.

PLEASE NOTE: It is a requirement that you attach a copy of the evaluation form which you are planning to use.

LOGISTICS

If different organisations will be responsible for programme design, hosting, administration and management, please outline the respective roles of each:

What is your identified target audience and intended advertising strategy for the programme?

How will you ensure accessibility to the programme?

Are there any costs associated with participation?

CERTIFICATION

We require that doctors who wish to claim credits for CME activities maintain certificates of completion for all activities undertaken. Do you have the capacity to maintain records of participation and to issue certificates?

Yes

No

Signed:

Dated

CHECKLIST (Please note that applications cannot be processed without this information.)

- Is at least one of the planning team a vocationally registered GP (FRNZCGP) who can support the application for relevancy to general practice?
- Have you included a copy of the programme outline, guest log-in details and any other relevant content materials?
- Have you included a copy of the course evaluation form you are planning to use?

Please return your completed application form to:

The Royal New Zealand College of General Practitioners
PO Box 10440, The Terrace, Wellington 6143, New Zealand

Email: cpd@rnzcgp.org.nz