



## APPLICATION FOR: Regular CME event endorsement

### DETAILS OF EDUCATION PROVIDER

Name of responsible organisation:

Name of coordinator or contact person:

Address:

Phone:

Email:

### DETAILS OF EDUCATIONAL EVENT

Proposed programme(s) title:

Number of scheduled activities within the next 12 months?

Proposed location(s) and proposed date(s):

Number of education hours involved in each activity?

**PLEASE NOTE:** It is a requirement that you **attach** a copy of the event programme. Note that hours **must not** include lunch, tea breaks or other activities that are not direct educational hours taught. Please itemise clearly the hours you are seeking on the programme.

Who is your intended audience?

Are there any limits on attendance (eg only available to doctors of clinical effectiveness in general practice?)

## RELEVANCE TO GENERAL PRACTICE

Please describe the relevance of this activity to improving the quality of clinical effectiveness in general practice:

What steps have you taken or do you intend to take to identify the learning needs of general practitioners?

Please give the names, qualifications and/or designation, and contact details for members of the programme planning team:

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

Name:

Designation:

Contact details (including email):

Name:

Designation:

Contact details (including email):

Name:

Designation:

Contact details (including email):

Please describe any additional efforts you have made to ensure a focus on the needs of general practitioners in programme design:

## CONTENT

Who will present the programme?\*

(Please give names and brief background information of each of the presenters, if known.)

\* If necessary, please attach an additional sheet.

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

## PROFESSIONAL OR COMMERCIAL BIAS

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.)

**PLEASE NOTE:** The RNZCGP does not endorse programmes that promote commercial, professional or scientific bias, or sessions run by pharmaceutical or medical device companies. Any other potential conflicts of interest must be disclosed to participants in advance of the session.

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

## TEACHING AND LEARNING

Please describe your processes for setting learning objectives for educational sessions.

(What will participants be able to do as a result of this learning?)

Please include a brief description of the education techniques that will be employed to ensure that the learning objectives are met.\*

For example:

- Encouraging participants to identify their specific learning needs
- Encouraging active participation
- Encouraging reflection on the learning that has occurred
- Providing suggestions for how to implement the knowledge and skills learnt.

\* If necessary, please attach an additional sheet.

What guidance will be provided to session presenters regarding the needs of the audience, and/or appropriate presentation methods?

What venue(s) will be used for the event?

## QUALITY MECHANISMS AND EVALUATION

**PLEASE NOTE:** It is a requirement that you **attach** a copy of the course evaluation form that you are planning to use. Not submitting the course evaluation means that your application will not be processed.

Have you previously received endorsement from the College for any other events?

Yes

No

If yes, what was the outcome of the evaluation of the event? Have you made any changes to your programme or processes as a result?

If applicable please describe any plans that you have for evaluating the overall effective success of your CME programmes?

## 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:

Date:

### **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](mailto:cpd@rnzcgp.org.nz)