



GUIDELINES FOR CPD APPROVAL

(events aimed at those who have completed training and are in career posts)

All medical Royal Colleges and their Faculties have agreed to recognise and accept each others approval of events. If approval has been granted and CPD credits awarded by one of the medical Royal Colleges or Faculties further approval from one of the surgical Colleges Faculties or Specialist Associations is not required.

REQUIREMENTS FOR CPD APPROVAL

In order to qualify for CPD approval an event should:

- Be aimed at a defined target group(s)
- Set out clear and relevant objectives
- Include a mechanism for evaluation so that organisers and presenters can obtain feedback on the relevance, quality and effectiveness of the activity
- Have an appropriate programme which reflects the needs of the intended participants
- Reflect a broad consensus of current expert opinion
- Not be overtly promotional where there is a commercial sponsor
- Have a nominated organiser who will keep records of attendance and evaluation
- Be prepared to assess delegate feedback and send summary feedback data to ENT-UK

CPD ACTIVITIES WHICH WILL REQUIRE APPROVAL

The type of activities which will require approval are:

- External meetings
- Regional CPD courses
- Distance learning programmes

The Senate expects hospital-based CPD activities to be of good quality and well monitored. Such activities do not require approval unless they are aimed mainly at surgeons outside the hospital. However, it is envisaged that local mechanisms should be set in place to monitor local activities.

AWARD OF CPD CREDITS

If an event is approved for CPD, it will be awarded a number of credits valid for the specific event, based on the duration of the activity as follows:

- **1 hour = 1 credit**
- **NO part credits are given**

Individual participants can only record the number of hours they attend.

APPLICATION PROCEDURE FOR APPROVAL

1. The event organiser needs to complete the enclosed application form and provide a copy of the Course Delegate Feedback Form (example provided below). The form must be returned to **only one** office.
2. The completed form should be returned at least three months in advance, with a copy of the event programme and a copy of the proposed evaluation form, **by post and e-mail** to:

Prof Hisham Mehanna
Chair – CPD Group
ENT•UK at the Royal College of Surgeons
35–43 Lincoln’s Inn Fields, London WC2A 3PE
E-mail: conferences@entuk.org

3. A decision not to grant approval of an event will be made only after discussion at the Education and Training Committee.
4. If the meeting is of cross-specialty interest, the form should be sent to one of the Colleges.
5. If a registration fee is charged to participants, a remittance of **£100.00** to cover administration costs must accompany your application. The fee covers administration costs, compilation of CPD records and, in future, evaluation summary data as indicated below.
 - a. Applications for events with a payable registration fee without the remittance cannot be considered under any circumstances and will be returned.
 - b. Applications requiring urgent approval and processing (ie, submitted within 4 weeks of the date of the event) must be accompanied by a fee of **£150.00** regardless of whether a registration fee is charged or not.
 - c. Cheques should be made payable to **ENT•UK**.
6. Approval for a regional CPD lecture series should be sought where possible (eg, on an annual basis). Evaluation may be performed at the end of the series.

RECORD KEEPING AFTER AN APPROVED EVENT

After a CPD approved event has taken place, the organiser would be expected to retain a list of participants and a copy of the completed event evaluation for 7 years and to make these documents available to the JCCME and ENT•UK if required.

COURSE EVALUATION

The Summary Evaluation Form below **MUST be completed and returned in ELECTRONIC FORMAT to ENT-UK**. The form **must** include the total number of delegates and the number of completed evaluation forms. This must be submitted to the Chairman of the CPD sub-group, ENT UK Education and Training Committee **WITHIN TWO MONTHS** of the event or the last lecture. Courses that fail to do this will not be will not receive CPD approval for 2 years.



ENT•UK

at The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE

Tel: 020 7404 8373 Fax: 020 7404 4200
Email: admin@entuk.org Web: www.entuk.org

POSSIBLE INSPECTION OF APPROVED EVENT/MATERIALS

If an event is approved, a representative from the approving body may ask to attend and must be allowed attendance as an observer free of charge. Random audit of approved events is a requirement of CPD accreditation, as is accreditation of under-performing courses. In the case of distance learning programmes, the organiser may be called upon to show the programme materials to the approving body.

APPLICATION FOR CPD APPROVAL

Please complete this form and send it together with the event programme, evaluation form and cheque for **£100.00** payable to **ENT UK** to:

Hisham Mehanna
Chair – CPD Group
ENT UK at the Royal College of Surgeons
35–43 Lincoln’s Inn Fields, London WC2A 3PE

Event Title _____

Venue _____

Number of hours _____ Fees charged _____

Participants will be: local regional national international

Sponsors (if any) _____

Address for correspondence _____

Contact name _____

Telephone number _____ Email _____

Full Name _____

Signed _____ Date _____

**PLEASE RETURN THIS FORM WITH SIGNATURE AND DATES ELECTRONICALLY . Please
note you can sign electronically.
CREDITS WILL INDICATE CPD APPROVAL BY ALL COLLEGES**

DISCIPLINE OF INTENDED PARTICIPANTS (please tick all that apply)

- | | | |
|-------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> A&E medicine | <input type="checkbox"/> Anaesthesia | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Dental surgery | <input type="checkbox"/> General Practice | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Paediatrics & Child Health |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Pharmaceutical medicine | <input type="checkbox"/> Public Health medicine |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Radiology | <input type="checkbox"/> Speech & language therapy |
| <input type="checkbox"/> Surgery | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Specialty (within discipline) _____

Intended participants: Career grades Training grades Non medical

EDUCATIONAL OBJECTIVES OF THE EVENT:

SPECIFIC SKILLS/KNOWLEDGE PARTICIPANTS WILL ACQUIRE DURING THE EVENT?

WHICH TEACHING METHODS WILL BE USED? (please tick as appropriate)

- | | | | | |
|-------------------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> lectures | <input type="checkbox"/> tutorials | <input type="checkbox"/> demonstrations | <input type="checkbox"/> practicals | <input type="checkbox"/> workshops |
| <input type="checkbox"/> discussion groups | <input type="checkbox"/> MCQs | <input type="checkbox"/> quizzes | <input type="checkbox"/> individual performance review | |
| <input type="checkbox"/> other (please specify) _____ | | | | |

ORGANISERS OF CPD APPROVED MEETINGS ARE REQUIRED:

1. To keep a record of the names of the people who attended. This should be kept for a minimum of 7 years.
2. To provide attendance certificates to participants who require them.
3. To note that awarded CPD points are valid for the specific event and only for the year.
4. To note that one criterion for applying for CPD points is that their event could be selected for inspection.

FOR OFFICE USE ONLY

This event was approved for CPD by ENT UK (Royal College of Surgeons of England)

Name: _____

Signed: _____

Date: _____

Event Code: _____



ENT•UK

at The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE

Tel: 020 7404 8373 Fax: 020 7404 4200
Email: admin@entuk.org Web: www.entuk.org

EXAMPLE – DELEGATE FEEDBACK FORM

5th Congress on the Management of Deafness
Thursday 5 February 2009

General	Strongly Disagree				Strongly Agree				
The aims of the meeting were well-defined	1	2	3	4	5	6	7		
The defined aims of the meeting were achieved	1	2	3	4	5	6	7		
The meeting was well organised	1	2	3	4	5	6	7		
The course fulfilled my educational requirements	1	2	3	4	5	6	7		
	Poor				Excellent				
Causes of deafness – Mr White	1	2	3	4	5	6	7		
Genetics of deafness – Mr Green	1	2	3	4	5	6	7		
Surgery for deafness – Professor Brown	1	2	3	4	5	6	7		
Gene therapy of deafness – Professor Black	1	2	3	4	5	6	7		
Controversies debate – White, Green, Brown	1	2	3	4	5	6	7		
Free papers	1	2	3	4	5	6	7		
Overall score for the meeting	1	2	3	4	5	6	7		
Benefit to patients	Strongly Disagree				Strongly Agree				
The course will improve my practice	1	2	3	4	5	6	7		
What I have gained from this course will benefit my patients	1	2	3	4	5	6	7		
Additional comments									
Your grade:	Consultant		SAS		SpR		SHO		Other

ENT UK trading as

British Academic Conference in Otolaryngology (BACO) and British Association of Otorhinolaryngology – Head & Neck Surgery (BAO-HNS)

Registered as a Company limited by Guarantee in England and Wales under Company No 06452601

Registered with the Charity Commission in England and Wales under Charity No 1125524



at The Royal College of Surgeons of England
 35-43 Lincoln's Inn Fields
 London WC2A

Tel: 020 7404 8373 Fax: 020 7404 4200
 Email: admin@entuk.org Web: www.entuk.org

COURSE SUMMARY EVALUATION FORM

The Summary Evaluation Form **MUST be completed and returned in electronic format** to the Chairman of the CPD sub-group, ENT UK Education and Training Committee **WITHIN TWO MONTHS** of the event or the last lecture. Courses that fail to do this will not receive CPD approval for 2 years.

The form **must** include the total number of delegates and the number of completed evaluation forms, and the mean scores from the delegate feedback forms for the following questions must be given please:

Q1. The aims of the meeting were well-defined
Q2. The defined aims of the meeting were achieved
Q3. The meeting was well organised
Q4. The course fulfilled my educational requirements
Q5. The course will improve my practice
Q6. What I have gained from this course will benefit my
Q7. Overall score for course

					Mean score out of 7						
Course title	Contact email	Start date dd/mm/yy	Total delegate no.	No forms returned	Q1	Q2	Q3	Q4	Q5	Q6	Q7