



CONTINUING PROFESSIONAL DEVELOPMENT

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GLOSSARY

360°/ Multisource Feedback – Feedback obtained from a variety of sources regarding the health practitioner’s performance. The information gathered can be used to identify learning needs and assist with developing plans to improve performance; or following learning - to obtain feedback on improvement in performance. Sources of feedback include patients, colleagues, students, team members, registrars, consultants, administrative/support personnel, and line managers.

Accreditor – the Professional Board or an organization appointed by the board that accredit learning activities through the review and approval of applications for the provision of CPD, and monitors compliance with guidelines for these activities.

Accredited Group Learning Activities – A training and educational activity that is planned, implemented and evaluated in accordance with the accreditation guidelines. Accredited group learning activities can occur face-to-face or online and must include at least two (2) participants.

Accredited Service Provider (ASP) - education, training and development focused entities with verifiable standing, such as individuals / higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specified criteria and have been accredited by the board and / or its designated accreditor to facilitate learning activities for CPD.

Assessments – review and provision of data and feedback to health practitioners to facilitate the identification of learning needs and provide evidence of the essential knowledge, skills and performance necessary for safe practice across all areas and domains of professional practice.

Attendance Register - the record of attendees reflecting the registration numbers of those who completed the CPD activity. This register must be submitted online by the service provider immediately following the activity, up to a month; the register may be audited by the HPCSA as part of a compliance check.

Audit of Practice – the systematic, critical analysis of own/team practice used to continuously improve clinical care/ health outcomes based on explicit and measurable indicators of quality or to confirm current management / practice is consistent with current available evidence/ accepted consensus guidelines.

Competence - the final state of a professional health practitioner’s capability, which demonstrates the health practitioner’s level of effectiveness in their professional practice, and which is checked against a specified criteria.

Continuing Professional Development (CPD) - is the process of engaging with ongoing

learning and the application of the new knowledge, skills and attributes to provide safe and ethical professional practice at a standard acceptable to stakeholders.

Committee - a governance structure of the HPCSA, which is accountable to the Council for all matters relating to CPD programme. The Committee consists of representatives from each Professional Board.

The Division - refers to the relevant section of the HPCSA, which administers and monitors the organisation's CPD processes.

Credit - is a unit for recording CPD, based on the value of the activity in facilitating learning, i.e. knowledge, competence and / skills for professional competence.

Deferment - a formal permission sought by a health practitioner to suspend and / or postpone the CPD requirements for a period of time. There are conditions for restoration into practice, which are clearly stipulated for each profession.

Ethics - principles that govern how health practitioners interact (behaviour and conduct of activity) with patients, fellow professional health practitioners and with society, and in the conduct research.

Experts: An individual or group of individuals who have gained sufficient skills, knowledge and experience on particular area(s) of professional practice. Expert can be considered a leader on a specific subject and is well vested on practice standards of a particular profession.

Human Rights - human rights are moral principles or norms that describe certain standards of human behaviour that are protected in the Constitution of the Republic of South Africa, 1996, and in any other International Laws.

Health Law - the laws are legislative principles that govern the relationship between players in the CPD ecosystem.

Learning activity – any learning activity that is planned, implemented and evaluated in accordance with the CPD regulatory tools, and which constitutes education, training and development, be they singular activity or in combination.

Learning plan- An assessment of learning needs and an outline of planned learning activities to meet these learning needs.

Learning Log - a record reflecting a health practitioner's fulfilled learning needs, CPD activities undertaken to meet these learning needs, what was learned, and application of this learning to practice.

Learning Portfolio - evidence of a health practitioner's learning, self-development and improved practice over time.

Needs Assessment: A process of acquiring and analysing information that reflects the need for a particular learning activity.

Non-compliance - failure by a health practitioner to obtain the total number of prescribed annual credits, including credits for ethics or health laws, as required by their Professional Board.

Performance - is the degree to which health practitioners practice or implement what the CPD activity intends for them in their practice.

Planned Learning - An assessment of learning needs and an outline of planned learning activities to meet these learning needs.

Audit - a process undertaken by the HPCSA wherein health practitioners, from every register, are selected to confirm compliance with CPD requirements.

Recognition of Credits - a CPD activity has been accredited by an Accreditor / accredited service provider, such that all health practitioners may attend that activity if it is relevant to their specific scope of practice.

Self-learning - self-directed learning activities that are undertaken by a health practitioner to improve professional knowledge, skills and practice.

Traineeships - where employment is combined with training in order to gain a qualification.

Unaccredited group learning activities - professional development activities that have not been formally accredited, which are independent and free from commercial interest or influence.

1. INTRODUCTION

Guided by core ethical values, health practitioners aspire to standards of excellence in contemporary health care provision and delivery. It is therefore an ethical imperative that the professional practice requires a consistent and ongoing commitment to lifelong learning, through Continuing Professional Development (CPD) programme. The Health Professions Act, 1974 (Act No. 56 of 1974) (as amended), its Rules and Guidelines empowers the HPCSA to utilise CPD programme as the means to ensure ongoing maintenance of professional competence.

CPD is the learning journey of a registered health practitioner to update and enhance knowledge, skills and professional attributes required for the ongoing delivery of high quality, safe clinical care. Professionalism in the practice ensures effective clinician, provider, administrator, teacher, researcher or a member of a healthcare team. The goal of CPD is to ensure provision of modern, safe, high-quality, evidenced based services aimed at improved health outcomes for patients and the community at large, and to strengthen the country's health systems.

The HPCSA's model for CPD is one that seeks to guide effective learning and improvement of Health practitioner's competence and performance. The previous system of CPD required Health practitioners to only record the number of credits (Continuing education units i.e., CEUs) they obtained by attending CPD activities. The number of CEUs accumulated in this manner did not necessarily equate with improved competence as attendance and participation does not necessarily indicate that effective learning has occurred, nor does it equate to having improved the quality of professional performance. Effective CPD ensures that the gap between optimal, contemporary evidence-based practice and actual professional practice is covered.

The impact of CPD activities is, however, limited when undertaken in an ad hoc manner outside of a defined structure of learning. On the other hand, learning activities that assist health practitioner to identify the gap between their current performance and a standard to be achieved, encourages reflection on their practice, planned and interactive, provide opportunities to acquire and practice skills, involve multiple exposures, and are focused on outcomes, are the most effective at improving practice and patients' health outcomes. Learning activities should be health practitioner's centric to support the application of learning to professional practice.

The current era of CPD focuses less on knowledge dissemination, but more on addressing professional development and performance in a multidisciplinary clinical team. CPD should therefore address the specific needs of a health practitioner to improve professional practice; take

cognisance of emerging health needs in society; and be congruent with the health priorities of the country. This perspective promotes the public interest and the health for all South Africans. All role players, including CPD accreditors and service providers, are key to the ecosystem for the attainment of the desired goals.

2. PRINCIPLES FOR ACCREDITATION OF CPD PROGRAMMES

2.1. LEARNING ACTIVITIES ARE PLANNED TO ADDRESS THE PROFESSIONAL PRACTICE NEEDS AND GAPS OF HEALTH PRACTITIONERS

- 2.1.1 Needs assessment is an essential building block for the planning, implementation and evaluation of accredited CPD activities.
- 2.1.2 The professional needs of a health practitioner must be identified and addressed. The HPCSA or its delegated accreditors may require that accredited CPD activities are developed in response to an analysis of the needs of health practitioners, patients, and communities.
- 2.1.3 Needs may be identified from a variety of sources including the perceived and educational needs (knowledge, skills, performance and attributes) of health practitioners, gaps in professional practice, and the health status of patients and populations.
- 2.1.4 The knowledge may also address the changing competencies relevant to the professional practice of health practitioners.

2.2. CONTENT IS INFORMED BY EVIDENCE AND BIAS IS MINIMISED

- 2.2.1 The content of accredited CPD activities must present the latest advances in practice informed by scientific evidence to support professional and technological evolution, to continuously enhance the quality, professionalism, communication and safety of care provided to patients.
- 2.2.2 Each activity must be evidence based, balanced (i.e., content is fair, unbiased and reflects the full clinical picture within the framework of the learning objectives), relevant to the professional scope of practice and/or profession and free of commercial bias.
- 2.2.3 CPD activities should be provided by experts in the relevant field of practice.

[Note: The final arbiter related to contested content of CPD activities is the HPCSA.]

2.3. LEARNING ACTIVITIES ARE DESIGNED TO EFFICIENTLY MAXIMISE EDUCATIONAL AND DEVELOPMENTAL IMPACT

- 2.3.1 Design is an essential element to the provision of effective CPD activities.
- 2.3.2 The format of the activity should reflect the intended outcome of the activity.
- 2.3.3 Learning activities should be health practitioner's centric and measurable.
- 2.3.4 Based on the literature, adults learn better when the education is multi-modal, episodic, and interactive.
- 2.3.5 The content must address the barriers to practice and/or health practitioner change.

2.4 LEARNING ACTIVITIES SHALL BE PLANNED AND MANAGED TO ENSURE INDEPENDENCE FROM EXTERNAL INTERESTS

- 2.4.1 The primary purpose of CPD activities is to ensure that health practitioners are able to address the healthcare needs of patients.
- 2.4.2 CPD activities should be free of external interests and should be in full compliance with the HPCSA's standards.
- 2.4.3 Activities that are primarily promotional in nature should be identified as such to attendees and shall not be considered for awarding of CPD credits.
- 2.4.4 Service providers, organisers and individual presenters must disclose to the participants at CPD events any financial affiliations, other associations or conflicts of interest with manufacturers of products mentioned at the event or with manufacturers of competing products.
- 2.4.5 Principles, rules and standards for independence and funding of CPD that must be adhered to by the service providers and accreditor.

2.5. EVALUATION OF CPD ACTIVITIES

- 2.5.1 Assessment of the impact of, or outcomes, from accredited programme determines if there has been effective programme delivery and to identify additional educational and developmental needs.
- 2.5.2 Ideally, there should be an evaluation of outcomes including how education and training has impacted knowledge, competence, performance, and health outcomes. Where applicable accredited activities must support participants to reflect on the outcomes for their practice.
- 2.5.3 Health practitioners must have an opportunity to evaluate the impact of CPD activity on their ability to apply learnings to professional practice in order to improve patient and health outcomes.

2.6. THE ACCREDITATION STANDARDS AND PROCESSES ARE CONSISTENTLY AND FAIRLY APPLIED AND CONTINUOUSLY ENHANCED

The HPCSA ensures regular review of the accreditation standards and processes and ensure that these are applied fairly and consistently.

3. CPD ACCREDITORS AND SERVICE PROVIDERS

3.1 CPD accreditors and providers should lead with integrity, accountability, and responsiveness and are responsible for promoting, implementing and maintaining standards for CPD under the guidance of the HPCSA. They must jointly ensure that:

- a) the development of educational and training experiences addresses the needs and practice gaps of health practitioners.
- b) content material are evidence based.
- c) professional development activities are designed to be interactive and facilitate learning that addresses a range of competencies relevant to professional practice;
- d) to ensure independence from external influences.
- e) reduce sources of content bias.
- f) facilitate continuous improvement in education and training and the quality of health care delivery.

3.1 ACCREDITORS

The professional boards are the accreditor of CPD programme and may delegate this responsibility to groups or institutions on the basis that they meet the criteria set out by the HPCSA.

3.1.1. Criteria for appointment of accreditors by the professional board

- a) familiar with the HPCSA regulatory instruments.
- b) expertise and integrity that is recognised by the profession.
- c) has the appropriate infrastructure to facilitate proper functioning and administration of CPD, including access to the internet, computer with database, e-mail and fax facilities, and dedicated administrative support.
- d) has ability to establish a designated accreditation committee to facilitate good governance and accountability. To avoid conflict of interest, members of accreditation committees are required to take cognisance of the regulatory instruments.
- e) organisations that may be considered by Council include (a) tertiary institutions involved in health sciences education and (b) professional associations.

3.1.2. Term of office of accreditors

3.1.2.1 Accreditors function for the duration of the professional board's term of office, or as per the professional board's determination.

3.1.2.2 Potential accreditors should apply to the professional board for recognition as an accreditor on relevant form.

3.1.2.3 The professional board shall, within its second year of office, review the existing accreditors and appoint new accreditors or re-appoint the existing accreditors for a further period of five years or for the duration it deems fit.

3.1.3. Roles and responsibilities of accreditors

The role of the Accreditor is to:

- a) review and approve profession specific applications for the provision of CPD activities for organisations and individuals.

- b) manage the process of CPD accreditation.
- c) monitor provider compliance with the regulatory instruments.

3.1.4 Guidelines for accreditation review and approval

Accreditors and accredited service providers must review CPD applications for accreditation and ensure that the HPCSA's principles are adhered to. These includes:

- a) reviewing the details of the service provider; scientific and/or organising committee must be available for this. There must be an indication of whether the application was submitted for accreditation to another accreditor, and if so, what was the outcome.
- b) ensuring that the service provider must have expertise in the area.
- c) ensuring that the identification and documentation of learning gaps that were established in practice or for a future role/responsibility, where applicable, are noted.
- d) setting of goals and learning objectives clearly upon the identified learning needs.
- e) review of the description of the learning activity by the service provider. Training content and delivery format should fulfill the goal of the professional development event and follow adult learning principles.
- f) assessment evaluation to ensure that it matches the pre-established learning objectives and is shared with participants at the outset of the event.
- g) evaluation of plans to share the assessment results to participants in a timely fashion and discussion of future CPD program improvement.
- h) ensure that provision of feedback, including on the extent to which educational objectives were met, is conducted.
- i) statement on the conflict of interest is made, which may include funding mechanism of the programme, to ensure that learning is free of any form of advertising and bias, or any potentially perverse incentive;
- j) review of the details for the educational and training program.

3.1.5 E-Learning Accreditation guidelines

Criteria for the accreditation of e-learning interventions includes:

- a) confirmation of privacy and confidentiality of attendees.

- b) periodical revision and updating of content.
- c) building evidence-based content.
- d) build learning activities based on adult learning principles.
- e) delivering content complying with multimedia principles.
- f) Creation of content with engaging strategies to promote interaction and meaningful learning (e.g. problem-based and task-based learning).
- g) provision of learning feedback.

3.1.6 Management of the accreditation process

3.6.1.1 Process to receive accreditation:

- a) CPD provider applies for accreditation.
- b) documentation reviewed by accreditor.
- c) application approved and accreditation number sent to CPD provider.
- d) CPD activity conducted.
- e) details of health practitioners who attended the event uploaded onto the HPCSA's portal.
- f) the accreditor requirement to monitor compliance of the CPD provider.
- g) the accreditor confirmation of the authenticity of the information submitted the HPCSA for uploading.

3.6.1.2 Once a CPD activity has been approved, the accreditor will inform the service provider through an official letter, then attendance confirmation is uploaded for the HPCSA to consider on the online portal.

3.6.1.3 The reported activity will specify the title, nature of the activity, the name of the provider, the number of credits, and the details of the CPD programme.

3.6.1.4 In the case of straightforward applications where discussion is not necessary, the credits allocated by the designated person will be noted formally by the relevant professional board.

3.6.1.5 In the case of contentious or problematic applications where the designated committee cannot reach a decision (or in the case of an appeal by the service provider), such an application, with supporting documentation, should be referred to the HPCSA for resolution.

3.6.1.6 Where an accreditor stands to gain financially from recommending an application for approval, to avoid conflict of interest, such application should be referred to an independent accreditor for review. This would exclude formal course material in the case of universities or higher education institutions, and short courses/CPD activities approved by an independent quality assurance committee within the institution or organisation.

3.6.1.7 A record of all applications received, as well as their outcomes and a record of the minutes of all accreditation committee meetings is to be kept for at least three years.

3.6.1.8 The accreditor's annual report will be provided to the relevant professional board for review and quality assurance. The report should contain a list of all activities provided during the year; all activities related to ethics and professionalism, communication, safety and quality and professional competency, that were offered; the relevance of activities to the scope of practice and profession; the frequency with which an activity was presented; and any problems experienced; the steps taken to quality assure the activities.

3.1.7 Guidelines for monitoring provider compliance

3.1.7.1 The service providers and accreditors may access reports which detail CPD activities they accredited for quality assurance purposes.

3.1.7.2 The service providers and accreditor investigates any complaints about the CPD activities they are responsible for.

3.7.1.3 Credits may need to be revised, or amended, where the provider failed to comply with the regulatory tools.

3.2. CPD SERVICE PROVIDERS

3.2.1 CPD service providers are any organisation or person providing and managing a CPD learning activity. This may include government agencies, educational institutions, professional associations, hospital-based groups or professional interest groups who meet the relevant criteria.

3.2.1. The role of CPD service provider

3.2.1.1 Service providers are key role players in the provision of high quality CPD activities that facilitate health practitioner learning, improvements of professional practice and enhancement of healthcare services to the patient and the community.

3.2.1.2 It is also required that there be attendance monitoring (taken at the end of the learning activity) and that the list of attendees for every accredited activity must be uploaded to the HPCSA e-portal immediately after the CPD activity is concluded.

3.2.1.3 Service providers must provide a list of their activities on the HPCSA e-portal indicating the following: training to be offered; date of the activity, category of the activity (clinical or ethical) and location. Post the activity, the feedback shall be provided indicating the participants and the CPD credits offered, also on the e-portal of the HPCSA.

3.2.1.4 The summary of problems experienced can be summarised to the HPCSA on annual report.

3.2.2. Accreditation guidelines for CPD service providers

3.2.2.1. General CPD accreditation guidelines

Service providers must ensure that their CPD activities meet the regulatory instruments, which are:

- a) details of the service provider; the scientific and/or organising committee, and the faculty must be provided.
- b) goals and learning objectives must be clearly built upon identified learning gaps that were found in practice or for a future role/responsibility.
- c) description of the learning activity must be provided. Content and delivery format should fulfill the goal of the educational event and follow adult learning principles.
- d) participants must be offered an opportunity to provide feedback including on the extent to which educational objectives were met.
- e) assessment modality must match the pre-established learning objectives and be shared with participants at the outset of the event, where applicable.
- f) assessment results must be shared in a timely fashion with participants and discussed by faculty for future CPD program improvement, where applicable.

statement on the funding of the programme to ensure that learning is free of any form of advertising and bias.

- g) detailed and finalised program;

3.2.2.2. E-Learning accreditation guidelines

Service providers must also ensure that the criteria for the accreditation of e-learning interventions are met, which include:

- a) confirm privacy and confidentiality of attendees.
- b) periodically revise and update content.
- c) build content based on evidence.
- d) build learning activities based on adult learning principles.
- e) deliver content complying with multimedia principles.
- f) create content with engaging strategies to promote interaction and meaningful learning (e.g. problem-based and task-based learning).
- g) provide learning feedback.

3.2.3. Pre-requisites for creating relevant and effective educational experiences

3.2.1.1 Goals and learning objectives (LO) must be clearly built on identified learning gaps.

3.2.1.2 Service providers and facilitators should create a transparent learning environment whereby Health Practitioner's understand:

3.2.2.3 Goals and objectives to be achieved at completion of a learning event. A LO should consist of three components that answer three basic questions:

- a) Performance or behavior demonstration: What do you/your health practitioners' want to accomplish?
- b) Activity clear specifications: How are you/they going to accomplish it? What steps, activities will you/they take, and under what conditions should learning occur?
- c) Criteria to categorise the level of required performance: How will you measure the objective? What evidence will you need to demonstrate that learning has taken place?

3.2.3.2. Learning content

The content of accredited programme must present the latest advances in scientific evidence as well as professional and technological advances, to continuously enhance the quality and safety of care provided to patients. Each activity is evidence based, balanced (i.e. content is fair, unbiased, and reflects the full clinical picture within the framework of the learning objectives), relevant to the professional scope of practice and practice and free of commercial bias. CPD activities should be provided by an expert in the relevant field.

[The final decision on contested content for CPD shall be made by the HPCSA.]

3.2.3.3. Content delivery format.

Content delivery format should align with the goal of the programme and adult learning principles. CPD learning experiences will more likely produce effective learning if they:

- a) assess previous knowledge and focus on new learning, where applicable.
- b) meet learning gaps based on needs assessment.
- c) integrate practice-based learning and evidence-based content.
- d) consider and respect self-directed learning.
- e) provide interactivity among all involved: participants, faculty, and content.

3.3.3.4. Assessment (where applicable)

Assessment must be aligned with the learning objectives and be shared with the participants at the event's outset. Assessment of the CPD programme should investigate whether:

- a) participants were engaged, whether the teaching and learning methods were effective and whether 25% was interactive.
- b) participants needs were addressed¹
- c) learning objectives were met.
- d) there were gains in knowledge, skills, attitudes and competence.
- e) there was an impact on participants' ability to apply learning to professional practice for improved patient and community health outcomes.
- f) participants have additional educational needs.

Assessment results must be shared with participants as soon as possible.

ANNEXURE 1: ACCREDITORS GUIDELINES FOR CONTINUED PROFESSIONAL DEVELOPMENT

PRINCIPLES, RULES AND STANDARDS FOR INDEPENDENCE AND FUNDING OF CPD

The HPCSA's position regarding commercial support for CPD is to have all learning activities planned and managed independent from commercial interests and other potential sources of funding.

1. CPD is primarily characterised by professional interaction. CPD comprises a broad range of learning formats, of which some need the investment of financial resources exceeding what individual health practitioners might be able to invest.
2. Third party financial support ("commercial support") of CPD has traditionally been provided in the health professions, in most cases replacing funding, which otherwise would have to be provided by national/provincial regulatory authorities or health practitioners.
3. Since commercial support might be offered under conditions which violate principles and values of the health professions, principles and rules need to be defined by which commercial support of CPD might be acceptable, not only to the health practitioners, but also to patients and society as a whole.
4. The value of CPD accreditation includes safeguards related to the objectivity, evidence-base, and independence of the education. Commercial support should in general follow principles of fairness, transparency, and separation of promotion from education.

1.1 The following principles and rules safeguard the independence of accredited CPD Principles

- a) The content, as well as persons and organisations in control of the content, of the accredited CPD activity is developed/selected independently, with no influence, control or involvement from a commercial interest, and is based on evidence that is scientifically valid, accepted by the profession of medicine, and balanced.
- b) There are several levels, on which health practitioners have relationships with industry players. Thus, transparency of relationships of health practitioners to third parties, pharmaceutical and medical-technical industry, is fundamental for accreditation of CPD.

- c) If funds or resources from a commercial interest are contributed to the accredited CPD activity, those funds/resources must be managed appropriately and independently by the service provider. This process needs to be transparent, and direct relationships between providers and commercial supporters are cautiously discouraged.

1.2 Rules

- a) Commercial support of CPD activities is allowed.
- b) Conditions and methods of payment must meet applicable national legal requirements, in particular tax and anti-corruption law, respectively, as well as professional law. If transactions are against prevailing legislations, then it cannot be accepted.
- c) A commercial entity not recognised or accredited by HPCSA is not eligible to be accredited or to organise accredited CPD.
- d) All individuals who are involved in the planning and development, presentation (verbal or through creation of a manuscript), or evaluation of the accredited CPD activity must disclose relevant financial relationships so that conflicts of interest may be identified and resolved by the provider of the accredited CPD activity.
- e) Health practitioners must be informed, prior to engaging in the accredited CPD activity, of the presence (or absence) of all relevant financial relationships of all individuals involved in the facilitation or evaluation of the accredited CPD activity, as well as the acceptance of funds/resources contributed by a commercial interest (if applicable);
- f) Service providers must avoid all promotional or sales communication to participants relating to the content of the activity during the active CPD activity. This might include wording to describe commercial support, placement of commercial interest logos; etc.
- g) The provision of commercial support must never constitute a relationship between individual attendees and the commercial supporter.

1.3 STANDARDS

1.3.1 STANDARD 1: Independence

1.3.1. Service provider must ensure that the following decisions were made free of the control of a commercial interest:

- a) Identification of CPD needs.
- b) Determination of objectives.
- c) Selection and presentation of content.
- d) Selection of all persons and organisations that will be in a position to control the content of the CPD.
- e) Selection of relevant educational methods.
- f) Evaluation of the activity.

1.3.3 STANDARD 2: Resolution of personal conflicts of interest

- a) The service provider must be able to show that everyone who is in a position to control the content of an activity has disclosed all relevant financial relationships with any commercial interest to the provider. These are financial relationships of any amount that create a conflict of interest.
- b) An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher/facilitator, or an author of CPD, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPD activity.
- c) The service provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the activity being delivered to Health practitioners.

1.3.4 STANDARD 3: Appropriate commercial support

- a) The service provider must make all decisions regarding the disposition and disbursement of commercial support.
- b) Service Provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

- c) All commercial support associated with a CPD activity must be given with the full knowledge and approval of the Provider.
- d) The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the Service Provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner.
- e) The written agreement must specify the commercial interest that is the source of commercial support.
- f) Both the commercial supporter and the service provider must sign the written agreement between the commercial supporter and the provider.
- g) The service provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- h) The service provider or designated partner must pay directly any facilitator/teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- i) No other payment shall be given to the director of the activity, planning committee members, teachers/facilitator or authors or any others involved with the supported activity.
- j) If facilitator/teachers or authors are listed on the agenda as facilitating or conducting a presentation or session but participate in the remainder of an educational event as a health practitioner, their expenses can be reimbursed, and honoraria can be paid for their teacher or author role only.
- k) Social events at CPD activities cannot compete with or take precedence over the professional practice activities.
- l) The Provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider.
- m) The service provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

1.3.5 STANDARD 4: Appropriate management of associated commercial promotion

- a) Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPD activities.

- b) Product-promotion material or product-specific advertisement of any type is prohibited in or during CPD activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations)
- c) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPD, where possible.
- d) For print, advertisements and promotional materials will not be interleaved within the pages of the CPD content. Advertisements and promotional materials may face the first or last pages of printed CPD content as long as these materials are not related to the CPD content they face and are not paid for by the commercial supporters of the CPD activity.
- e) For computer based CPD activities, advertisements and promotional materials will not be visible on the screen at the same time as the CPD content and not interleaved between computer screens of the CPD content.
- f) With clear notification that the health practitioner is leaving the website, links from the website of an HPCSA accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the learning content of a CPD activity but shall not be embedded in the educational content of a CPD activity.
- g) For audio and video recording, advertisements and promotional materials will not be included within the CPD. There will be no commercial breaks.
- h) For live, face-to-face CPD, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CPD activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CPD activity;
- i) For Journal-based CPD, none of the elements of journal-based CPD can contain any advertising or product group messages of commercial interests. The health practitioner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.
- j) Educational and training materials that are part of a CPD activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of a HPCSA-defined commercial interest.
- k) Print or electronic information distributed about the non-CPD elements of a CPD activity that are not directly related to the transfer of education to the health practitioner such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

- l) Service provider cannot use a commercial interest as the agent providing a CPD activity to health practitioners e.g., distribution of self-study CPD activities or arranging for electronic access to CPD activities.

1.3.6 STANDARD 5: Content and Format without Commercial Bias

- a) The content or format of a CPD activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest;
- b) Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPD educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

1.3.7 STANDARD 6: Disclosures relevant to potential commercial bias

Relevant financial relationships of those with control over CPD content. An individual must disclose to health practitioner any relevant financial relationship(s), to include the following information, such as:

- a) the name of the individual.
- b) the name of the commercial interest(s).
- c) the nature of the relationship the person has with each commercial interest;
- d) for an individual with no relevant financial relationship(s) the attendees must be informed that no relevant financial relationship(s) exist.
- e) the source of all support from commercial interests must be disclosed to health practitioners. when commercial support is 'in-kind' the nature of the support must be disclosed to health practitioners;
- f) disclosure must never include the use of a corporate logo, trade name or a product-group message of commercial interest;
- g) service provider must disclose the above information to health practitioners prior to the beginning of the educational activity.

ANNEXURE 2: ACCREDITORS GUIDELINES FOR CONTINUED PROFESSIONAL - DEVELOPMENT PROGRAMME

2.1 ASSESSMENT LEVELS FOR CPD

Based on Kirkpatrick's Learning Evaluation Model, four evaluation levels for continuing professional development.

2.1.1 Level 1: Perception and satisfaction

This is the easiest and least expensive level to assess. A survey at the conclusion of an

Educational and training event should ask:

- Did the content meet your perceived learning needs?
- Were the learning outcome objectives clearly stated?
- Were the learning outcome objectives met?
- Was at least 25% of time allocated for interactive learning?
- What topics would you like to study in the near future?
- What changes do you plan to make in your clinical practice based on what you have learned? What additional plans do you plan to pursue?
- Were the teaching methods effective?

2.1.2 Level 2: Competency assessment

Assessment should be designed to provide an objective measure of whether new learning has occurred and to substantiate documentation for regulatory bodies. A pre- and post-assessment can be useful. Acquisition of new knowledge can be assessed with a group of multiple-choice questions. Acquisition of a new skill or professional attitudes require a different assessment approach, such as self-assessment, standardized patients, simulators, and/or objective structured clinical examinations.

2.1.3 Level 3: Professional performance assessment

This is meant to measure appropriate on-the-job utilisation of new knowledge. Direct observation, clinical audits, peer review, and chart reviews are examples of assessment tools appropriate to test this level.

2.1.4 Level 4. Health care outcome assessment

The ultimate aim of CPD programs is their impact on the wellbeing of the surrounding community. Preferred practice patterns and use of health care resources are areas that should be measured. health care indicators can be used as assessment tools, for instance, visual acuity of patients with diabetic retinopathy or the percentage of patients with diabetic retinopathy undergoing a vitrectomy after a program.