

# CPD ACTIVITY PLANNING GUIDE

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Standards for Accreditation and Certification with  
Continuing Professional Development (CPD) at the  
Schulich School of Medicine & Dentistry, Western University



# Contents

Overview .....	4
Getting Started – Select the Correct Study Credits .....	5
Study Credit Information for Specialist Physicians.....	5
Study Credit Information for Family Physicians.....	6
Credit Hours.....	7
Credit Longevity .....	7
Activity Changes after Accreditation / Certification Approval .....	7
RCPSC MOC and CFPC Mainpro+ Application Review Information.....	8
Application Components .....	8
Processing Time .....	8
During the Review.....	8
Review Process .....	9
Application Decisions.....	10
Post-Activity .....	10
Administrative Standards.....	11
Registration & .....	11
Records of Attendance .....	11
Branding.....	11
Marketing Materials.....	12
Non-accredited / Non-certified Activities .....	12
Ethical Requirements of Accredited / Certified CPD Activities.....	13
Physician Organization .....	13
The Scientific Planning Committee (SPC).....	13
Control of Content.....	16
Conflict of Interest.....	16
Financial Accountability .....	17
Budget .....	17
Requirements for Sponsorship & Funding from External Sources.....	17
Process for Designing & Implementing a CPD Activity.....	20
Educational Standards & Quality Criteria.....	20
Step 1: Conduct a Needs Assessment.....	21

Needs Assessments .....	21
CanMEDS and CanMEDS-FM Physician Competency Framework.....	23
Define the Target Audience .....	24
Practice Relevance .....	24
Step 2: Develop the Scientific Planning Committee (SPC).....	24
Step 3: Develop Learning Objectives .....	24
Step 4: Develop the Activity.....	26
Educational Formats .....	26
Content Development .....	29
Step 5: Deliver the Activity.....	31
Agenda or Program.....	31
Certificates of Attendance .....	32
Step 6: Evaluate the Activity .....	33
Evaluation Strategies .....	33
Required Evaluation Questions.....	34
Continuous Improvement: Commitment to Change.....	35
Evaluation Summary .....	35
Feedback to Speakers .....	35
Lessons Learned .....	35
Moving Forward .....	36
Appendix A – Accreditation / Certification Application Checklist.....	37
Appendix B – Glossary of Terms .....	37

# Overview

Continuing Professional Development at the Schulich School of Medicine & Dentistry, Western University (hereafter referred to as “CPD Office”) aims to support departments and faculty in the development of [CPD activities](#). CPD’s mission is:

*Through collaboration, we support and develop evidence-informed accredited learning activities that promote lifelong learning for faculty, physicians and healthcare professionals across Southwestern Ontario.*

This CPD Activity Planning Guide (hereafter referred to as “the Guide”) is based on the policies, procedures, and standards set by the Royal College of Physicians and Surgeons of Canada (RCPSC), and the College of Family Physicians of Canada (CFPC), including the [National Standard for Support of Accredited CPD Activities](#). We also give consideration to the standards set by the Committee on Accreditation of Continuing Medical Education (CACME).

The CPD Office supports activities throughout their development process. [Contact](#) us for support in needs assessments, [CPD activity](#) initiating and planning, and to apply for educational credits.

The RCPSC and the CFPC are the authoritative bodies regarding the accreditation and certification of CPD activities. This document is to be used as a guide only, as additional requirements may be necessary based on regulations and standards set forth by the RCPSC and the CFPC.

## Who is this Guide for?

This Guide has been developed to assist faculty and departments in improving CPD activity quality, and to outline the process of developing and accrediting / certifying a [CPD activity](#). Therefore, it is aimed at those involved in the CPD activity planning and implementation process. It is not targeted toward participants of CPD activities.

## Our Thanks

We would like to thank the McMaster University Continuing Health Sciences Education (CHSE) Program and the UBC Division of Continuing Professional Development (UBC CPD) for providing permission to use and adapt their excellent Guides, respectively titled: *The CHSE Guidebook for Designing CPD Activities* and the *Continuing Professional Development Planning Guide*.

## Getting Started – Select the Correct Study Credits

The CPD Office is accredited by and adheres to the standards put forth by the Committee on Accreditation of Continuing Medical Education (CACME) and as a result, is able to provide study credits to physicians for their [CPD activities](#). This is done on the behalf of the RCPSC and the CFPC.

The RCPSC and the CFPC each use their own CPD program credit system. The RCPSC uses the Maintenance of Certification (MOC) Program for activity **accreditation**, and the CFPC uses the Mainpro+ Program for activity **certification**. Your target audience will dictate the type of study credits for which an application must be submitted. The information below explains the types of study credits available, depending on the physician group.

### Study Credit Information for Specialist Physicians

The Maintenance of Certification (MOC) Program allows for eligible activities to be **accredited** by the RCPSC. There are various types of study credits available within the MOC program, and each will require a different type of application. The types of study credits that the CPD Office can accredit through the MOC program are listed below:

#### **Group Learning Activities** (i.e. conferences, workshops, etc.)

- MOC Section 1 Application - Group Learning

#### **Self Assessment Activities**

- MOC Section 3 Self-Assessment Program Application - participants learn through a structured assessment of their knowledge (i.e. post-test with feedback)

#### **Simulation Activities**

- MOC Section 3 Simulation Application - participants learn from specific feedback received from facilitators on their performance (i.e. simulation with individualized feedback, etc.)

The table on the following page provides more information on the various study credit types available. Select a credit type, and subsequent application, based on the learning format, content and frequency, audience range, etc.

Learning Format	Content & Frequency	Audience Range	Credit Type (Section 1, 2, 3)	Credit Hours
Conferences, workshops, etc.	Fixed; repeatable	Provincial or National	1 (Group Learning)	1 credit / hr
Seminar Series, Live modules, etc.	Fixed; sequential or non-sequential	Provincial or National	1 (Group Learning)	1 credit / hr
Small groups, eLearning, workshops with assessment, etc.	Fixed; repeatable	Provincial or National	3 (Self-Assessment)	3 credits / hr
Simulation	Fixed; repeatable	Provincial or National	3 (Simulation)	3 credits / hr
Rounds*	Dynamic; regularly scheduled	Provincial or National	1 (Group Learning)	1 credit / hr
<i>Self-claimed credits by specialists. Application not required.</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>2 (Self-Learning)</i>	

\* Specialist rounds can be self-approved through the RCPSC. The CPD Office can accredit rounds; however, the standard MOC Section 1 accreditation process will apply.

\*\* Credits are available through alternate means (not available through the CPD Office).

## Study Credit Information for Family Physicians

The Mainpro+ credit system program is used for activities to be **certified** by the CFPC. There are many types of study credits available within Mainpro+; however, the CPD Office only certifies activities in the table below. As a result, there is only one Mainpro+ application available through the CPD Office's [website](#).

Note that all Mainpro+ applications must be developed through a clinical department or educational unit at Schulich Medicine & Dentistry. Mainpro+ applications also require a peer review by a CFPC faculty member who is not on the SPC. This is coordinated through the CPD Office.

Learning Format	Content & Frequency	Audience Range	Credit Type	Credit Hours
Conferences, workshops, etc.	Fixed; repeatable	Provincial	Mainpro+ Group Learning	1 credit / hr
Seminar Series, Live modules, etc.	Fixed; sequential or non-sequential	Provincial	Mainpro+ Group Learning	1 credit / hr
Rounds (hospital or clinical) or regularly scheduled series	Dynamic; regularly scheduled	Provincial	Mainpro+ Group Learning	1 credit / hr
<i>Self-claimed credits by family physicians. Application not required.*</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Mainpro+ Self-Learning*</i>	

\* Credits are available through alternate means (not available through the CPD Office).

CFPC Mainpro+ 2 and 3 credit per hour programs can be certified through the CFPC directly.

## Credit Hours



As part of the application for both RCPSC MOC and CFPC Mainpro+ study credits, the number of hours will need to be calculated. To determine the number of hours, all breaks, meals, social activities and networking sessions, poster viewing, opening and closing remarks, and unstructured learning time must be removed.

Only hours used solely for education are eligible for accreditation / certification.

Count RCPSC MOC Section 3 activities' study credit hours the same way as RCPSC MOC Section 1. The credits are then tripled automatically when they are claimed by a physician within the RCPSC Mainport portal.

## Credit Longevity

RCPSC MOC Section 1 and CFPC Mainpro+ (1 credit/hr) credits can be applied up to one (1) year from the activity start date. MOC Section 3 self-assessment and simulation credits may be approved for up to three (3) years provided there is no change to the content.

## Activity Changes after Accreditation / Certification Approval

In instances when changes must be made to the activity after accreditation / certification has been granted, the CPD Office must be notified of the changes. Any changes after approval will require a review and approval prior to the event date, which may incur additional fees. Updated accreditation documents will be required.

Examples include (but are not limited to):

- Change to speaker(s);
- Changes to sponsorship information;
- Changes to the learning objectives;
- Date / time change of activity, etc.

# RCPSC MOC and CFPC Mainpro+ Application Review Information

## Application Components

A variety of components are required for a full and complete application for accreditation / certification. By considering and completing the steps in this Guide, the application process should be relatively straightforward.



An application checklist is available in the appendix of this Guide, and on the CPD Office's [website](#), to ensure all components are completed and included. The website also contains many templates that will help in the application process. [Contact](#) the CPD Office with any questions.

## Processing Time

Regular processing time is 2 - 4 weeks after receiving a completed application, which includes all the attachments and signatures. Please note that any missing application components will delay the process. Applications received under four (4) weeks before the activity takes place are processed as “expedited” with an additional fee. Applications received within one (1) week or less of an activity start date cannot be accepted.

### ***Important Information for Mainpro+ Applications***

Activities for family physicians who are applying for Mainpro+ study credits undergo a peer review. Additional processing time will be required and applicants should plan accordingly. The peer review is coordinated by the CPD Office.



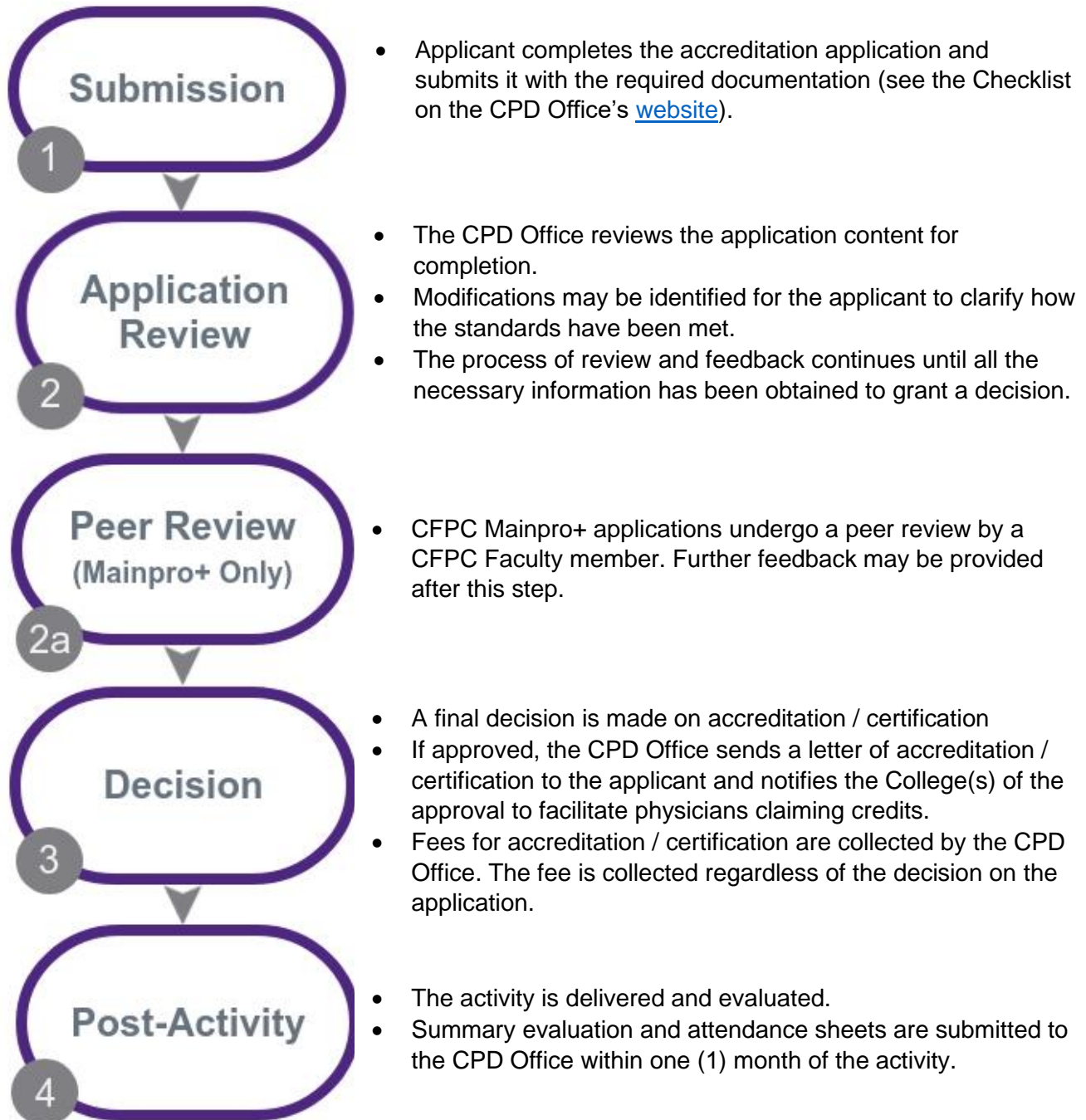
## During the Review

Approval is required prior to referencing MOC or Mainpro+ credits on any marketing, communication, or registration materials. **Note that it is not allowed to indicate that credits have been “applied for”, granted, or that credits are “pending”.**



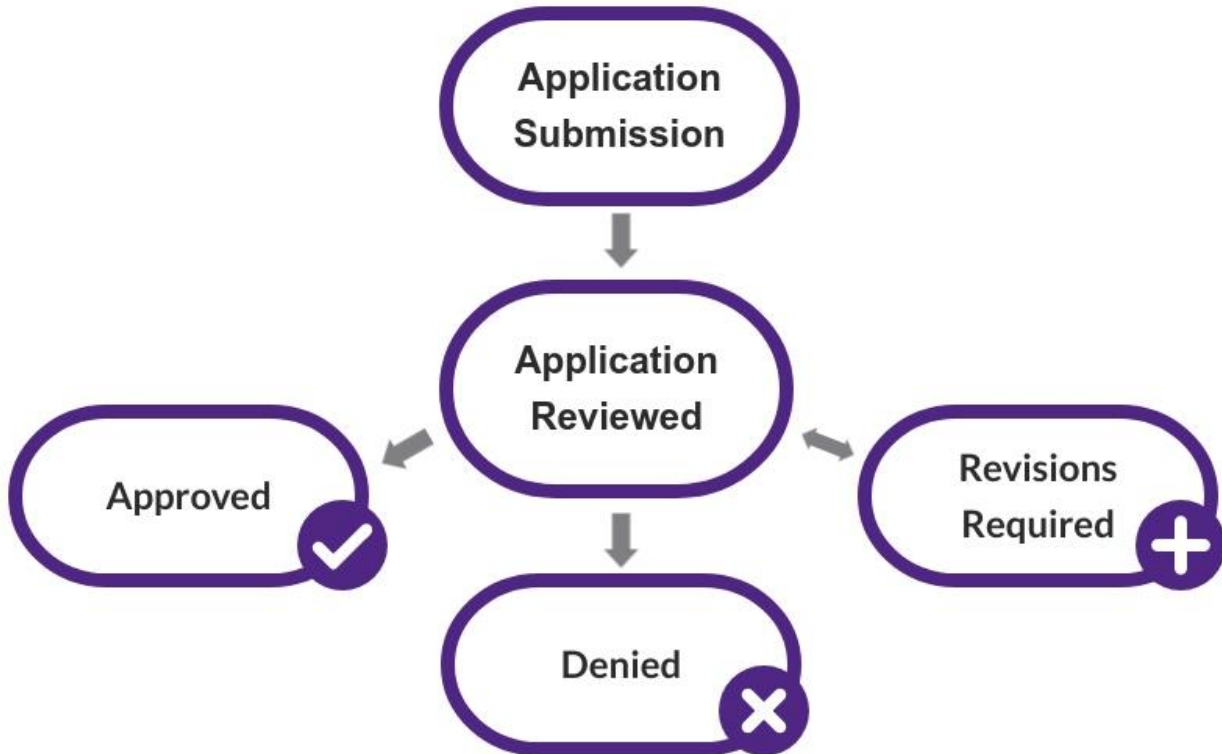
## Review Process

You should plan to submit your application as early as possible, as the review process can take 2 – 4 weeks. Ideally, an application should be submitted **at least six (6) weeks in advance** of the activity date. Below is a step-by-step breakdown of the review process



## Application Decisions

The review process used by the CPD Office verifies that all standards have been met in order to provide official approval. The chart below shows the potential outcomes for application decisions.



## Post-Activity

A summary evaluation and an attendance list must be provided to the CPD Office within 30 days following the completion of the CPD activity. To learn about evaluation requirements, review the [Evaluation](#) section of this Guide.

# Administrative Standards

## Registration



All participants must be able to register for the accredited learning activity in some way and receive a record of registration (e.g. registration receipt, email, etc.).

If you need assistance with registration, CPD Office offers registration services. [Contact CPD Office](#) for more information.

## Records of Attendance

Attendance records must be kept by the [physician organization](#) for five (5) years for an activity.

## Branding

Any event that is developed or co-developed by Schulich Medicine & Dentistry will include applicable logos and branding. Any documents that contain the School's logos must be reviewed by Schulich Communications to ensure that they comply with the School's branding guidelines.

The review process begins after you have submitted your documents to the CPD Office as part of the overall accreditation application. The Accreditation Services staff in the CPD Office will send your documents requiring a review to Schulich Communications, and any feedback will be passed back to the activity organizer to address.



Branding items that need to be considered:

- Logo placement, orientation and size
- Font size and style
- Official colours

The branding review process is not required for applications that do not use the School's or Western's logo. Correct branding should still be used to ensure that the physician organization and co-developers are clearly visible to participants.

Schulich School of Medicine & Dentistry Branding Guidelines can be found on the Schulich Communications [website](#). Be sure to watch their videos and review their resources.

## Marketing Materials

All promotional material created for a learning activity aiming to be accredited / certified, must be submitted as part of the application for accreditation. Promotional materials can include (but are not limited to):

- Flyers or posters
- E-blasts
- Save the Dates
- Invitations
- Advertisements in publications
- Website pages (including registration sites)

The accreditation statements should be placed on all promotional materials for the activity once accreditation approval has been received from CPD Office. **Accreditation statements cannot be included in any promotional materials until the activity has been approved. It is not allowed to indicate that credits have been “applied for”, granted, or are “pending”.**

Branding on any promotional material must use logos and fonts that meet Schulich Communication standards, if Schulich Medicine & Dentistry is considered the developer or co-developer of an activity.

## Non-accredited / Non-certified Activities

Activities that have not been developed or approved by the SPC to meet the ethical, educational, and administrative standards, or for which accreditation / certification is not being pursued, cannot be listed or included within agendas, programs, or calendars for the accredited / certified CPD activity.

# Ethical Requirements of Accredited / Certified CPD Activities

## Physician Organization

The [physician organization](#) has ultimate authority over all decisions, and is accountable to ensure that the ethical and educational standards of accreditation / certification are met. They must ensure that a [Scientific Planning Committee \(SPC\)](#) is established to develop and plan the activity, and is responsible for the following:

- Activity finances, including payment of honoraria, travel, lodging, etc., activity revenues and deficits, and that that payments are received from registration or other supports;
- Submitting the application for accreditation / certification to CPD Office;
- Ensuring that the activity is established based on the plan developed by the SPC and approved by CPD Office;
- Providing activity participants with certificates of attendance (see the [Certificates of Attendance](#) Section of this Guide);
- Maintaining attendance records (see [Attendance Records](#) Section of this Guide)

## Co-Development

Not-for-profit organizations can *co-develop* an activity. Co-development is the process by which two or more organizations, **at least one of whom must be a physician organization**, collaborate to develop and implement an accredited / certified activity. In this situation, the [physician organization](#) is responsible for all aspects of the activity as if they were planning it independently.

## The Scientific Planning Committee (SPC)

Every accredited learning activity must have a SPC that is representative of the intended target audience. Members of the SPC should be appointed by the SPC Chair. The SPC is responsible for ensuring that decision-making related to the development and delivery of an accredited / certified activity is under its exclusive control. This includes the following:



- Enforcement of CPD Office *Policy on Conflict of Interest Disclosure & Management for Accredited Learning Activities*, (available on the CPD Office [website](#))
- Identification of the educational needs of the intended target audience
- Development of learning objectives
- Selection of educational modalities in alignment with the learning needs
- Selection of speakers, moderators and facilitators
- Development and delivery of content
- Development of evaluation tools
- Review of the evaluation summary reports

## Selecting SPC Members

The target audience must be determined from the start of the activity planning process so that the SPC can be chosen accordingly.

The CPD Office requires that the SPC include a minimum of three (3) members of the target audience. Administrative staff cannot be counted as one of these three, unless administrative staff are included in the target audience. The SPC composition is as follows:

- For RCPSC MOC accreditation, specialist physicians representing the target audience must be included on the SPC. If the activity's target audience is sub-specialty specific, ensure that the specialist physician is part of that sub-specialty. It is mandatory that a member of the SPC be affiliated with the RCPSC for MOC accreditation.
- For CFPC Mainpro+ certified group learning activities, it is mandatory that a minimum of one (1) active CFPC member is on the SPC;
- For CFPC Mainpro+ certified online activities, it is mandatory that a minimum of three (3) activity members of the CFPC are on the SPC;

If the target audience includes more than one profession, the SPC should consist of representatives from each profession where possible.



*Representatives from pharmaceutical, medical supply, medical education, or other for-profit companies cannot be included in the SPC. Inclusion of representatives from sponsors on the SPC is prohibited.*

## Role of the SPC Chair

The SPC Chair assumes the overall responsibility for conforming to accreditation / certification standards, and for following this Guide in developing and delivering the activity. Specifically, the role of the SPC Chair includes:

- Ensuring that the SPC is representative of the target audience;
- Being accountable for the planning, development and implementation of the CPD activity;
- Ensuring that all the educational content has scientific validity, integrity, objectivity and is evidence-based;
- Ensuring accreditation / certification statements are not included in any promotion material until the activity has been approved. Activities cannot indicate that credits have been “applied for” or are “pending”.
- Being responsible for signing and submitting the completed RCPSC MOC / CFPC Mainpro+ application form(s) and all required documentation;
- Abiding by all CPD Office policies as outlined in the *CPD Activity Planning Guide*;

- Collecting Conflict of Interest Disclosure Forms (available on the CPD Office [website](#)) for all members of the SPC, speakers, moderators, facilitators and authors and are reviewed by the SPC prior to the activity. See the [Conflict of Interest](#) Section of this Guide;
- Ensuring that any potential conflicts of interest are managed in accordance with the CPD Office *Policy on Conflict of Interest Disclosure & Management for Accredited Learning Activities*, (available on the CPD Office [website](#));
- Ensuring that any collection of personal information for CPD activity purposes is in full compliance with the [Freedom of Information and Protection of Privacy Act](#) (FIPPA);
- Ensuring that all sponsors / exhibitors sign the Sponsorship Agreement prior to the CPD activity (available on the CPD Office [website](#)); and,
- Submitting a summary evaluation report and complete list of participant names in electronic or print format to CPD Office within 30 days of the activity completion date.

A Scientific Planning Committee Chair Agreement, stating the above, is required to be signed as part of the accreditation / certification application process. The Agreement template is available on the CPD Office's [website](#).

## CPD Policies

It is the responsibility of the SPC Chair and SPC members to abide by all CPD Office policies throughout all phases of activity planning and implementation. The policies include (but are not limited to) the following:

- [National Standard for Support of Accredited CPD Activities](#)
- CMA Policy: "[Guidelines for Physician Interactions with Industry](#)" (2007 Update).
- [Schulich Medicine & Dentistry Policy and Guidelines for Interactions between Schulich School of Medicine & Dentistry & Pharmaceutical, Biotech, Medical Device and Research Equipment Supplies Industry](#)
- CPD Policy on Accreditation Services
- CPD Policy on Sponsorship
- CPD Policy on Scientific Balance of Content
- CPD Policy on Conflict of Interest Disclosure & Management for Accredited Learning Activities
- CPD Policy on Privacy
- Western University's [guidelines](#) regarding copyright, and CPD Policy on Copyright

Links to the above policies are available on CPD Office's [website](#).



## Control of Content

All individuals engaged in the planning, development and delivery of a CPD activity share in the responsibility of the teaching content and are required to ensure that the activity has scientific validity, integrity, objectivity, and is evidence-based.

Specific interests of any sponsor (for-profit or not-for-profit) must have no direct or indirect influence on the content and / or materials of an accredited / certified CPD activity.

The SPC may adapt an already developed program for a local physician context by addressing the learning gap determined from a needs assessment. A description of how this was achieved should be included in the “needs assessment” part of the application.

## Conflict of Interest

Conflict of interest (COI) disclosure and management is an important component of a CPD activity. All individuals involved in the planning and / or delivery of an accredited / certified CPD activity must disclose all relationships with for-profit and not-for-profit organizations from the last two (2) years. Additionally, the disclosures of both SPC members and speakers must be made available to all participants for transparency.

**1**

### Disclosing Conflicts of Interest Before an Activity

A COI Disclosure Form must be completed as early as possible by the SPC Chair and all members of the SPC, speakers, moderators, facilitators and / or authors, upon confirmation of their participation in the accredited learning activity. The COI Disclosure Form is available on the CPD Office [website](#).

COI Disclosure Forms completed by the SPC Chair and SPC Members must be submitted to the CPD Office during the accreditation / certification application review process. Please note that the CPD Office can request all COI Disclosure Forms (including speakers, moderators, facilitators and/or authors) at any point during the review process, or as part of an event audit.

Any individual who fails to disclose their relationships cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited / certified CPD activity.

**2**

### Disclosing Conflicts of Interest at an Activity

Speakers must disclose all relationships verbally and in writing at the beginning of a presentation. Three-step disclosure slides (available on the CPD Office [website](#)) must be used for CFPC Mainpro+ certification.

All others involved in the development of the activity must disclose their relationships either in writing on a slide at the beginning of a presentation, or within the written activity materials.

**3**

### Managing Conflicts of Interest

The SPC must review all disclosures in advance of the activity to determine whether action is required to manage real or potential conflicts of interest. Steps to mitigate real or potential conflicts of interest may include:

- Ensuring that each conflict is fully disclosed to program participants;
- The speaker is asked to speak on a different subject;



- The speaker or planning committee member alters their financial relationship;
- The planning committee member relinquishes control of content of the program or presentation;
- Independent expert content review is obtained;
- A speaker or planning committee member may need to be replaced.

## Financial Accountability



The SPC should aim to be financially self-sustaining. Surplus funds from a single, non-recurring event should be returned to the physician organization and be used to support CPD activities in the organization.

The responsibility for payments may be delegated to a third party, such as an event planning company, in certain circumstances. The responsibility for payments of travel, lodging, honoraria, etc. can never be delegated to a commercial interest. [Contact](#) the CPD Office to discuss third party payments if this plays a role in your CPD activity.

## Budget

A budget must be prepared by the SPC, that includes projected revenues from all sources and expenses. The budget must be submitted to the CPD Office as part of the accreditation / certification application package.

Revenue must include all sponsorship amounts, department funding, and registration fees. Expenses will vary by event, but should include detailed general expenses such as venue, honoraria, catering, travel, etc. If the budget has a surplus or deficit, please indicate how these will be handled.

A budget template is available on CPD Office's [website](#).

## Requirements for Sponsorship & Funding from External Sources

Sources of sponsorship can be secured from both [for-profit](#) and not-for-profit organizations and be in either financial or [in-kind](#) support. The CPD Office's Sponsorship Policy outlines requirements for both types of sponsorship, and the management of commercial promotion. Both for-profit and not-for-profit sponsors are required to have written agreements in place.

Under the [National Standard for the Support of Accredited CPD Activities](#), not-for-profit sponsors are under the same obligations as for-profit (commercial) sponsors. Therefore, the below sections apply to both types.

### Sponsorship Prospectus

The Sponsorship Prospectus outlines the exact opportunities and acknowledgements that a sponsor would have for supporting a CPD activity (financially or in-kind). This may be laid out in levels (i.e. gold, silver, etc.). Opportunities outlined in the prospectus may include procuring a table in the exhibit hall and the number of representatives who may attend the activity. This may be outlined in tiered support levels (i.e. gold, silver, etc.).

The Sponsorship Prospectus must be included in the accreditation / certification application.

## Sponsorship Agreement

A written agreement is required between all sponsors and the physician organization. The agreement should include (but not necessarily be limited to) the following:

- Sponsorship type (financial or [in-kind](#) support);
- The dollar amount of the financial support provided;
- The specific [in-kind](#) resources provided;
- The sponsor's agreement to comply with the [National Standard](#);
- The explicit statement that the SPC cannot be required to accept advice from a sponsor as a condition of receiving financial or [in-kind](#) support;
- The explicit statement that the interests of any sponsor must have no direct or indirect influence on any aspect of the development, delivery or evaluation of an accredited CPD activity;
- The method used to recognize the sponsor; and
- The method(s) used to disclose sponsorship to participants.

A Sponsorship Agreement template, available on the CPD Office [website](#), may help activity organizers in the development of an agreement with sponsors. When applying for accreditation / certification to the CPD Office, only one example of the Sponsorship Agreement must be submitted. The remaining are the responsibility of the SPC.

## Permitted Sponsorship Opportunities



Sponsorship opportunities can be offered in exchange for a company supporting an activity. Note that sponsor acknowledgement is always required for transparency to the participants. Sponsorship opportunities and / or acknowledgements that are permitted (but not limited to) include:

- Recognition in the activity program and on opening slides. Note that all sponsors must be recognized, not just top-level sponsors. Sponsors may be listed by level (i.e. Gold, Silver, Bronze). However, sponsor *logos* are not permitted on opening slides.
- Sponsorship recognition on the activity's website or event app. This is permitted only if it is listed on a separate tab and removed from accredited / certified activity information (i.e. agenda, learning objectives).
- Sponsorship recognition on signs in the lobby or exhibition area. Note that all sponsors must be recognized, not just top-level sponsors.
- Sponsorship of a non-education activity such as lunch or a coffee break. A sign is permissible at the food stations acknowledging sponsorship.
- Sponsor-branded material (i.e. napkins, coffee cups) are permitted in locations removed from where the learning occurs.
- WiFi sponsorship and recognition of the sponsor in the activity program is acceptable as they are not part of the educational activity, but it is acknowledging a service provided to delegates.
- Sponsors may have the opportunity to interact with participants during breaks and lunches.

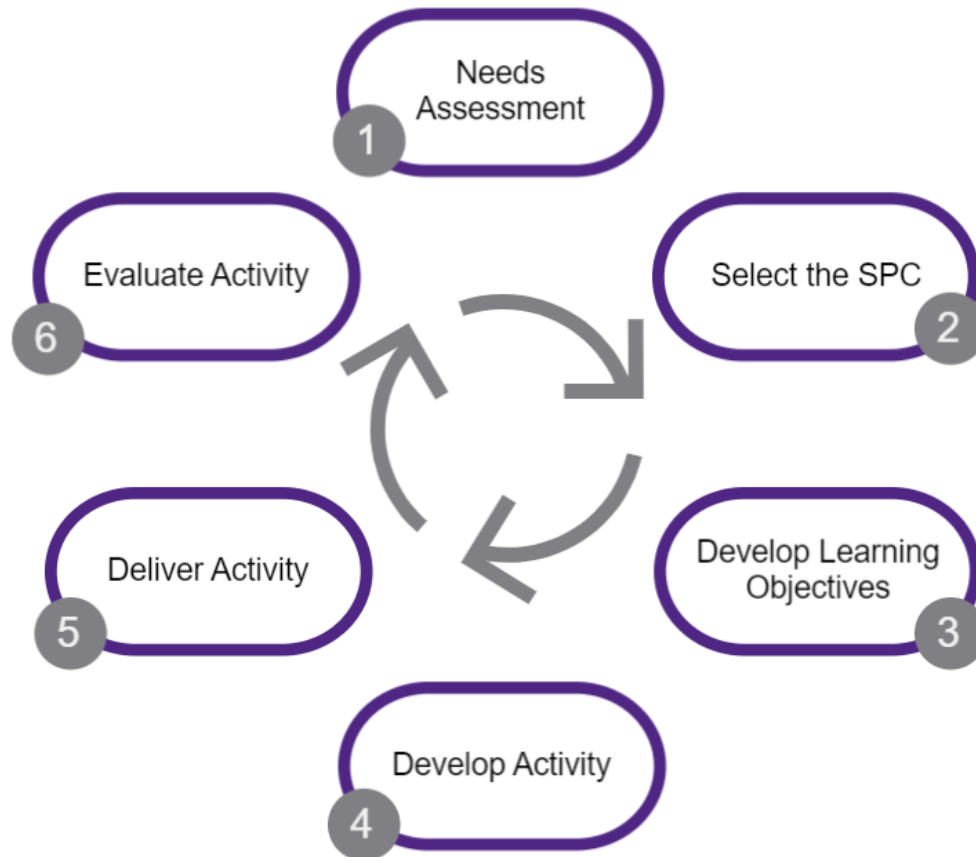


### **Not Permitted**

Examples of sponsorship opportunities and / or acknowledgements that are not permitted include (but are not limited to):

- A sponsor cannot provide funds for a specific workshop as part of a larger conference. This is called “tagging” and this practice has not been permitted since 2012.
- Sponsor-specific colours and fonts (branding) cannot be used in any activity material. This includes the agenda, website and app, as well as the slides used during the activity.
- Sponsorship recognition cannot take place in the room where the learning is taking place (excluding disclosures at the beginning of the activity). This includes slides with logos during breaks, signage or banners, or place cards on tables.
- Advertising satellite symposia in an activity. Satellite Symposia are unaccredited / uncertified group learning activities that are not mandatory for participants and should be held at times that do not compete with the accredited program. Separate information can be provided to participants through one-page handouts or a separate tab on the website or app.
- “Blurbs” describing what a company does, or endorsement of a company or its products, are not permitted.

## Process for Designing & Implementing a CPD Activity



### Educational Standards & Quality Criteria

For an activity to be approved for accreditation / certification, educational standards and / or quality criteria must be met. Educational standards (RCPSC MOC) and Quality Criteria (CFPC Mainpro+) are used to ensure that all accredited / certified CPD activities approved by the CPD Office satisfy the requirements of the RCPSC and the CFPC for educational activities. Listed below are each set of baseline standards and criteria:

RCPSC MOC Section 1 and 3	CFPC Mainpro+
<i>Educational Standards</i>	<i>Quality Criteria</i>
<ul style="list-style-type: none"> <li>• Needs assessment</li> <li>• Target audience</li> <li>• Learning objective</li> <li>• Educational strategies</li> <li>• Content development and implementation</li> <li>• Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Needs assessment and practice relevance</li> <li>• Interactivity and engagement</li> <li>• Incorporation of evidence</li> <li>• Addressing barriers to change</li> <li>• Evaluation and outcome assessment</li> </ul>

# Step 1: Conduct a Needs Assessment

## Needs Assessments

Both the RCPSC MOC Educational Standards and the CFPC Mainpro+ Quality Criteria require a CPD activity to be based on the identified needs of a target audience. **A needs assessment is the process of identifying gaps in knowledge, competence, and / or performance amongst a target audience.**



Evidence has demonstrated that CPD activities based on well-conceived and well-conducted needs assessments are more effective at changing physician behaviour (Fox & Bennett, 1998). This is based on principles of adult learning, which suggest learners are more likely to learn if they can see the relevance of that learning in their own practice.

There are different types of learning needs. They can be:

1. Self-recognized (**perceived needs**), e.g. *I know what I want and need to know.*
2. Unknown to the learner (**unperceived needs**), e.g. *I don't know what I don't know.*
3. Miscalculated (**misperceived**), e.g. *I think I know something that I don't.*
4. Emergent needs, e.g. *I have some new information and I realize I want or need to learn something else instead of, or in addition to what I am learning now.*

Multiple needs assessment methods should be applied to identify the educational needs of a target audience. The below chart identifies possible strategies for capturing perceived and unperceived needs.

Methods to Capture Perceived Needs	Methods to Capture Unperceived Needs
<ul style="list-style-type: none"> <li>• Surveys</li> <li>• Interviews</li> <li>• Direct requests from the target audience</li> <li>• Key informants</li> <li>• Focus groups</li> <li>• Meetings with colleagues (formal or informal)</li> <li>• Expert consultation</li> <li>• Input from the SPC</li> <li>• Evaluations from previous CPD activities (e.g. what topics do you think should also be addressed at next year's event?)</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge tests / quizzes</li> <li>• Chart audits</li> <li>• Chart-stimulated recall interviews</li> <li>• Critical incident reports</li> <li>• Direct observation of practice performance</li> <li>• Expert advisory group</li> <li>• Quality assurance data from hospitals, regions</li> <li>• Standardized patients</li> <li>• Healthcare databases</li> <li>• Published literature (RCT, Cohort studies)</li> <li>• Input / feedback from patients</li> </ul>

## Translating Unperceived Learning Needs into Perceived Needs:

A person is more likely to be motivated to learning something new if they are aware of their needs. Therefore, it is important to translate unperceived needs into perceived learning needs. This can be addressed by providing information or feedback on gaps in knowledge, skill or practice.

Example techniques include:

- Anonymous quizzes at the beginning of a presentation
- Presenting a case with opportunities for participants to reflect on their own practice vs. the recommended practice
- Presenting a “disorienting dilemma” to the audience in which something that is commonly believed to be true is proven false (or vice versa)

## The Delphi Method of Needs Assessment: A CPD Office Approach

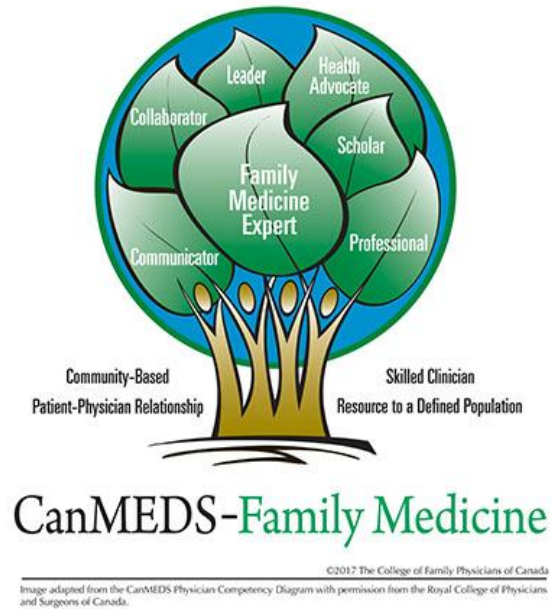
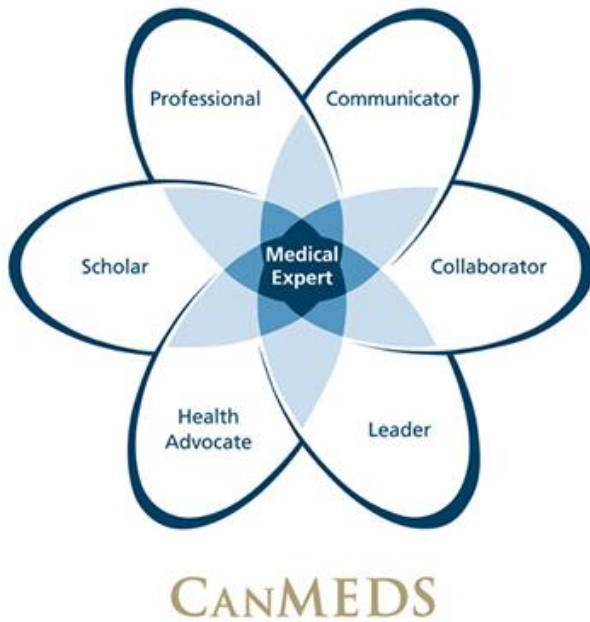
The CPD Office has developed a needs assessment approach that applies the Delphi method. This method uses two (2) paired surveys to assess the difference in knowledge, skills, and / or attitudes on topics between an expert group and the target audience / learner group. The expert group’s survey responses set the “target” state through consensus using a multiple round survey process, while the learner responses explore their current level of knowledge, skill and / or attitudes on the given topics. Educational activities can then be targeted toward topics displaying the widest gaps.



As part of this method, the CPD Office is able to provide survey participants with confidential feedback, comparing their own reported knowledge, skills, and / or attitudes with those of their peers. This is available in the form of an individualized learner report.

The CPD Office is always exploring unique and novel ways of conducting needs assessments. We can also support you through the process of any type of needs assessments. [Contact](#) the CPD Office if you would like guidance or support conducting a needs assessment.

## CanMEDS and CanMEDS-FM Physician Competency Framework



Consider the CanMEDS and CanMEDS-FM Physician Competency Framework when clarifying professional practice gaps and assessing the needs of a target audience. This will enable the target audience to engage in learning that goes beyond the “Medical / Family Medicine Expert” role.

Role	Description
<b>Leader</b>	Coordinating team care
<b>Collaborator</b>	Collaborating with colleagues
<b>Professional</b>	Accountability and ethical practice
<b>Medical / Family Medicine Expert</b>	Medical expertise
<b>Communicator</b>	Communicating with patients
<b>Health Advocate</b>	Advocating for improved care
<b>Scholar</b>	Contributing to medical knowledge domain

The CPD Office recommends that multiple CanMEDS and / or CanMEDS-FM roles be considered during the needs assessment process, as well as in the activity planning phase when learning objectives are being formulated.

Learn more about Physician Competency Frameworks by visiting the [CanMEDS](#) and [CanMEDS-FM](#) websites.



## Define the Target Audience

The target audience is the specific group of specialists and / or family physicians, along with other healthcare professionals, for whom the CPD activity will be developed. This group must be determined from the start of activity planning. Along with governing the activity design and content, identifying the target audience will also determine which type of study credits (RCPSC MOC / CFPC Mainpro+) will be most appropriate.

CPD activities can be made to support inter-professional education, meaning that the activity's target audience may include: family physicians, specialist physicians, nurses, nurse practitioners, midwives, social workers, allied health professionals, etc.

## Practice Relevance

CFPC Mainpro+ certification requires that practice relevance is considered in the activity development process. To consider practice relevance, assess whether the activity:

- Fosters improved patient care by family physicians;
- Addresses at least one of the four principles of family medicine;
- Is within the scope of practice for family physicians;
- Has content and concepts that are evidence-based and / or generally accepted by the Canadian medical community.

## Step 2: Develop the Scientific Planning Committee (SPC)

As mentioned in the [Ethical Requirements](#) Section of this Guide, the [SPC](#) is a group representing the target audience, responsible for:

- The identification of educational needs of the intended target audience;
- Development of learning objectives;
- Selection of educational methods;
- Selection of speakers, moderators, facilitators and/or authors;
- Development and delivery of content;
- Evaluation of outcomes of the accredited CPD activity

See more information about the SPC in the [Ethical Requirements](#) Section of this Guide.



## Step 3: Develop Learning Objectives

Well formulated learning objectives provide participants with the understanding of the knowledge, skills, behaviours, or attitudes they will gain as an outcome of the activity, and with information to determine whether the activity meets their learning needs. Learning objectives should address the identified needs of the target audience determined through the needs assessment process. CanMEDS and CanMEDS-FM roles should also be considered when developing learning objectives.



## Overall and Session-Specific Learning Objectives

The SPC must be actively engaged in the development process for writing overall learning objectives. Overall learning objectives need to be created for all activities, while session-specific learning objectives are required when the activity involves more than one session (e.g., multi-session workshops, conferences with multiple presentations, etc.). Session-specific learning objectives can be developed by speakers with guidance provided by the SPC.



If the SPC is collaborating with the speaker to develop the learning objectives, the SPC is responsible for clearly communicating the needs of the target audience, the objectives of the overall activity, and the educational standards and / or quality criteria associated with the activity. This information can be shared through a letter to the speaker, which is available on CPD Office's [website](#). Session specific learning objectives must be reviewed by the SPC to ensure that they comply with these requirements.

## Writing Learning Objectives

Learning objectives must be written from the learner's perspective and be measurable. The statement should clearly describe the outcomes of the activity in terms of knowledge, skills, behaviours, and / or attitudes gained. When writing learning objectives, the following three (3) steps are recommended:

1. Begin the statement with a phrase similar to the following:

*Overall example:* "At the conclusion of this conference, participants will be able to ..."

*Session-specific example:* "At the conclusion of this presentation, participants will be able to..."

2. Use an action verb to describe what information, skills, behaviours, or perspectives the participant will gain by engaging in the activity. View the [CFPC](#) and [RCPSC](#) learning objective guides for a list of suggested action verbs.
3. Complete the statement by describing what the participant will be doing when they are demonstrating achievement of the action. This refers to the expected outcome of the learning objective.

## Disseminating Learning Objectives

The SPC is responsible for disseminating overall and session specific learning objectives to potential participants prior to the activity and for ensuring that learning objectives are communicated through the appropriate avenues.

Learning objectives need to be made easily available to participants before they register for an activity so they can determine whether the activity will meet their learning needs. This can be done through the activity registration page and / or through promotional material. Learning objectives must also be provided at the beginning of each activity through an agenda or activity program.

Participants must also have the opportunity to evaluate the learning objectives. This is a required question within the Evaluation Form. See the [Evaluation](#) Section of this Guide for information on the Evaluation Form.

## Step 4: Develop the Activity

### Educational Formats

Selecting the right educational format will depend on the needs of the target audience and the learning objectives that have been developed. Formats selected should be consistent with your target audience's needs and the learning objectives developed. Examples of formats include (but are not limited to):

- Lectures
- Online learning
- Simulation
- Workshops



#### **Group Learning (RCPSC MOC Section 1 and/or CFPC Mainpro+ (1 credit/hour))**

For RCPSC MOC Section 1 and CFPC Mainpro+ (1 credit/hr) group learning activities, at least 25% of the CPD activity must be dedicated to interactivity. In the most basic sense, interactivity is time when a participant can apply what they have learned in an appropriate context.

Keep this requirement in mind when selecting your educational format and planning your activity. Implementing interactive elements into activities that have a variety of formats has been shown to have a positive impact on practice (Davis et al., 1999).

Examples of ways to facilitate interactive sessions to meet this standard include:

- Q&A periods
- Case discussions
- Audience-response systems
- Skills training
- Case studies
- Simulation-based activities
- Quizzes
- Small-group & large-group discussion

## Self-Assessment and Simulation Activities (RCPSC MOC Section 3)

RCPSC MOC Section 3 (**Self-Assessment**) activities must include the following components:

- Correct and incorrect answers, plus explanations surrounding *why* the answers are correct vs. incorrect
- A copy of the scored assessment must be provided to the learner
- Further resources must be suggested for more information

MOC Section 3 (**Simulation**) activities can be used for simulation to enhance clinical skills, but also for communication skills and problem solving. The 25% interactivity component is not required in the self-assessment, nor the simulation activities.

Simulation-based activities should include:

- Observation of learners while practicing skills, with immediate feedback on their performance. A self-reflection tool could also be provided to allow participants to create an action plan for self-improvement.
- A plan for providing individualized feedback to the learners that is timely and constructive.
- A reflective tool provided by instructors to learners to allow the creation of an action plan, which will assist in skills development.

## Domains of Learning

Depending on the learning objectives of the activity, certain formats are more applicable than others. Domains of learning can help to link formats to the intended activity outcomes and ensure that the activity is designed from a learner-centric perspective.

When considering these domains, refer to your learning objectives and needs assessment to ensure that action verbs align with the associated domain of learning.

*Domain Categories:*

Domain	Meaning	Example Formats
<b>Knowledge</b>	Comprehension of new ideas, acquisition and internalizing information, the provision of theory to help facilitate one's learning and expand perspectives.	Lectures, panels, debates, literature, case studies, self-directed learning, journal club
<b>Skills</b>	Abilities and capacity gained through sustained effort involving cognitive, technical or interpersonal capabilities.	Demonstrations, see one-do one-teach one, puzzles and games, simulation, role-play
<b>Attitudes</b>	A willingness to change one's beliefs, principles, or values.	Role-play, video feedback, small group discussion, case studies, problem-solving, reflective exercises

## Engaging Adult Learners

Adults learn differently than younger audiences. Research around adult learning, known as “andragogy”, suggests that learning takes root from a different perspective that is driven by four main factors (Knowles, 1978):

1. **Self-direction:** Adults are driven toward learning what is needed and less about being dependant on being *spoon-fed* what is deemed important to their needs.
2. **Experiences:** As people mature, they attain an increasing pool of experiences to draw upon and relate to their learning.
3. **Readiness:** Adult learners will engage more with topics relevant to them, and those that relate to their field of practice.
4. **Applicability:** One’s perspective changes with age, progressing toward a desire for immediacy of application regarding skills as well as toward solving current problems.

## Experiential Learning

Experiential learning, brought about by David Kolb, is a concise structure around which to format education for adult audiences. Learning should take place through the relationship of both action and reflection.

There are four sequential stages around which learning should be framed:

Stage	Meaning	Example Formats
<b>Experience</b>	Learners engage in an activity, exercise, or with a learning tool.	Lecture, case-presentation, quiz
<b>Reflection</b>	Participants take time to look at how the activity changes their mindset or understanding of the topic as it relates to their own past experiences.	Small group discussion, large group discussion, self-reflection activities
<b>Generalization</b>	Relaying these concepts or adapting the newly gained information to a concept that’s applicable to the learner’s professional practice.	Large group discussion, Q&A period, commitment to change form
<b>Application</b>	The act of carrying out the gained abilities or skills in a new setting.	Quiz, case-based learning, simulation, skills training

## Content Development



Content development is completed after the educational format is selected. The SPC must have a plan in place to support the development of content that will address the needs of the target audience.

The content for the CPD activity being developed must be **scientifically valid, balanced, be evidence-based, and have integrity and objectivity**. This section is applicable to all CPD activities, but specifically addresses the CFPC Mainpro+ quality criterion on the incorporation of evidence. As stated in the [Sponsorship](#) Section of this Guide, sponsors must have **no direct or indirect influence** over the content or materials for an accredited / certified CPD activity.

### Requirements for content development:

- Follow the [CMA Guidelines for Physicians in Interactions with Industry](#) (2007) and the [Innovative Medicines Canada Code of Ethical Practices](#) (2016).
- Ensure the use of generic molecular names rather than trademark pharmaceuticals, where possible. If this is not possible, both the generic and trade names must be used. The discussion of therapeutic options must not reflect exclusivity and branding.
- Ensure that research used to develop any recommendations or guidelines that are reported within an activity meet generally accepted standards for scientific rigour (e.g. experimental design, analysis, reporting, etc.).
- Ensure that any recommendation or assertion include references. Any assertion or recommendation with a lack of evidence must be acknowledged in the activity (CFPC Mainpro+ requirement).
- Evidence, and the content derived from this evidence, must be selected without influence by, or consideration for, a business or commercial interest.
- Evidence used (specifically regarding clinical recommendations) is in line with concepts generally accepted within the medical profession.
- Consider CanMEDS / CanMEDS-FM roles beyond “Medical / Family Medicine Expert”
- 25% interactivity requirement (if a group learning activity is being developed)

### Content Review

A content review may be required for CFPC Mainpro+ activities that contain sessions on medical marijuana / dried cannabis or opioids. [Contact](#) the CPD Office, or visit our [website](#), for more information.

## Speaker Selection



The SPC is responsible for selecting speakers and facilitators they feel can present content that supports the learning objectives. When selecting members to speak on behalf of an activity, consider each candidate and their characteristics when it comes to the topic at hand.

Prospective speakers and facilitators should:

- have expertise in the topic;
- have skills related to speaking and presenting;
- be a credible source on the topic, with no concerns regarding conflicts of interest;
- be learner-centred;
- be reliable and dependable; and,
- have the knowledge to answer questions should they arise.

As discussed in the [Learning Objectives](#) Section of this Guide, the speakers must also be made aware of the needs assessment results, educational standards and / or quality criteria, and the overall and session-specific learning objectives. Additionally, speakers must be made aware of the requirements for content development, as outlined in the above section. A Speaker Letter Template is available on the CPD Office's [website](#).

### Participants' Barriers to Change (CFPC Mainpro+)

As part of the Quality Criterion for CFPC Mainpro+, activities seeking accreditation through Mainpro+ must incorporate a discussion surrounding barriers to practice change in their educational design. CPD activities that address these barriers are more likely to result in change.

The SPC should develop a strategy to identify barriers to practice change within their activity. Methods used to identify barriers can include:

- learning from key individuals with the knowledge, authority and skills to speak to implementation of the innovation.
- observing individuals in practice (i.e. routine behaviours).
- using a questionnaire to explore individuals' knowledge, beliefs, attitudes and behaviour.
- brainstorming informally in small groups to explore solutions to a problem.
- conducting a focus group to evaluate current practice and explore new ways of working.
- gathering information from the audience on their barriers to practice change by including a question about this in the evaluation form.

## Step 5: Deliver the Activity

### Agenda or Program



An agenda or activity program is required for every activity and must be provided to attendees of the activity. The agenda can be paper-based or online (e.g. website or an app). The CPD Office has a template agenda available on our [website](#). We encourage you to use or review the template as it has all required components listed below.

Regardless of the agenda platform, the following must be included:

1. **Accreditation Statement(s)** – you must use the exact wording as shown on the [CPD website](#).
2. **Learning Objectives** – both overall and session specific (if applicable)
3. **Logos & Branding** – which reflect the acceptable physician organization developing or co-developing the activity.
4. **Agenda timeline** – presentation times as well as names of moderators, facilitators and speakers, discussion, breaks, lunch, including time at the end of the program for participants to complete evaluations. Presentation titles must also be included.
5. **Activity Details** – full name (must match the name on the application for accreditation / certification), activity date, time and location.
6. **Interactivity** – 25% of the program must be dedicated to participant interaction and evident on the activity program / agenda. This can be achieved through question and answer periods, small group discussion, or if it is interactive in nature (e.g. interactivity is embedded into the activity). If it is not evident in the agenda or activity program, please include the following statement:

“25% of this program is dedicated to participant interaction.”

7. **Sponsor or Non-Sponsor Statement** – wording can be found on the agenda template. A reminder that while sponsorship recognition is required, sponsor names and / or logos cannot appear near any accredited / certified CPD activity information (e.g. agenda, learning objectives, accreditation statements). You may need to move the sponsorship statement to a new page.
8. **Conflict of Interest Disclosures** – this is not mandatory in the agenda, but is best practice for larger events. An example of this is a list in the activity program or agenda that provides all SPC members' and speakers' conflicts as disclosed on their COI Disclosure forms.





## Certificates of Attendance

A certificate of attendance or written confirmation signed by the SPC Chair must be issued to participants for all accredited learning activities. The certificate must specify the following elements:

- Full program name (**make sure the name is consistent across all accreditation documents**)
- Maximum number of credit hours available
- All applicable accreditation / certification statements
- Date(s) the activity will take place
- Appropriate branding (see the [Branding](#) Section of this Guide)
- Location of the activity (e.g. city, province or web-based)
- Space for the participant's name
- Space for the Session ID (CFPC Mainpro+ applications only – the Session ID is provided to the event organizer by the CPD Office after an application has been approved and reported to the CFPC)

The CPD Office has a template Certificate of Attendance available on our [website](#).



## Step 6: Evaluate the Activity

### Evaluation Strategies



Evaluation is a mandatory component for all CPD activities. A well-constructed evaluation is useful for ongoing improvement of CPD activities and provides valuable information to the SPC and faculty about the overall effectiveness of the activity.

Determining how the CPD activity is going to be evaluated should occur early during the planning and design phase. The evaluation strategy should be both formative (how the learner is progressing through the activity) and summative (what the learner achieved at the conclusion of a session / module / activity).

When developing an evaluation plan, the process can be modeled after Dixon's (1996) four levels of evaluation. The levels of evaluation help determine what level is appropriate based on the learning objectives and outcomes of the activity:

**Level 1** - perception and opinion data

**Level 2** - knowledge, skills, and attitudes (competency)

**Level 3** - performance data (impact on behavior)

**Level 4** - outcome data (impact of patient care and health status)

All evaluations should have a minimum requirement of Level 1 (perception and opinion data), however the CPD Office strongly encourages members of the SPC to consider higher levels of evaluation that go beyond self-report. This may include:





**Level 2** – analysis of pre- and post-tests of knowledge, observing and providing feedback to participants related to their learning, analysis of collected portfolios or reflections.

**Level 3** – in-practice observations, observations in a simulated clinical setting, analysis of patient health records, testing orders, laboratory data or administrative data, chart reviews or audits.

**Level 4** - analysis of health status measures recorded in patient charts or administrative databases, epidemiological data and reports, etc.

## Required Evaluation Questions

For all accredited / certified CPD activities, all participants must be provided with an opportunity to evaluate both individual sessions and the overall CPD activity in a meaningful and confidential manner. The evaluation must provide participants with the opportunity to identify:

-  • whether the individual session and overall CPD activity learning objectives were met;
-  • whether the content was balanced and free of commercial or other inappropriate bias;
-  • the potential impact of the CPD activity for their practice (reflection); and,
-  • the CanMEDS roles that were addressed (RCPSC MOC requirement only).

The CPD Office has a template Evaluation Form available on our [website](#).



## Continuous Improvement: Commitment to Change

One of the main objectives of continuing professional development is for participants to maintain, develop, or increase their knowledge, skills, performance and relationships in the provision of health care to the public through accredited learning activities. Dr. Jocelyn Lockyer (2005) found that a commitment to change predicts actual change in practice. Encouraging participants to reflect on what they have learned, and then following up to determine how they applied changes in practice, is a method that can support a commitment to change.

To incorporate commitment to change within your CPD activity, immediately following the CPD activity ask participants to write one (1) to three (3) changes that they intend to make as a result of having attended the activity.

After approximately three (3) months following the completion of the CPD activity, send the participants a list of the changes they had committed to make, and then ask them to indicate if they had implemented those changes completely, somewhat, or not at all, and why.

Physicians are also encouraged to complete a personal learning project (RCPSC MOC) or “Linking Learning to Practice” project (CFPC Mainpro+) to encourage reflecting learning as knowledge translation. These activities are eligible for additional credits under MOC Section 2 and Mainpro+.

### Evaluation Summary

Once all evaluation data is collected, the results should be summarized into a report and submitted electronically to the CPD office within 30 days following the completion of the activity.

### Feedback to Speakers

Speakers should be provided with an individualized evaluation summary of their presentation to support continuous improvement. Evaluation feedback can be used by speakers for their personal development. It also helps speakers to identify any changes that may need to be implemented for future presentations.

### Lessons Learned

The SPC is encouraged to implement changes in their future activities based on lessons learned from a current activity. The SPC can do so by meeting to review the results of the activity evaluation(s) and completing a “Stop, Start, Continue” analysis, which discusses the following:

1. **Stop:** What aspects of the program should be eliminated?
2. **Start:** What new aspects should be considered for the program?
3. **Continue:** What aspects of the program should continue?

The summary evaluation report and lessons learned discussion can provide valuable information to activity planners about the success of the activity and helps to identify areas for improvement for future CPD activities.

## Moving Forward

It is important that CPD activities are continuously improving. This is not only true for reoccurring activities but also for non-reoccurring activities as the activity may trigger new learning needs.

When preparing for a future CPD activity, it is important to consider:

- Evaluation and feedback;
- New and emerging knowledge and evidence;
- Changes in resources;
- Changes in target audience learning needs; and
- Changes in societal needs.

Please [contact](#) the CPD Office for further details regarding implementing evaluation feedback for activity improvement and regarding your interest in our accreditation services for future activities.

## Appendix A – Accreditation / Certification Application Checklist

All requirements must be submitted prior to approval of your accreditation application.

### Requirements for all applications

	Signed application form(s).
	Signed SPC Chair Agreement.
	Conflict of Interest Disclosure Forms for all planning committee members, speakers, moderators, facilitators or authors.
	Summarized needs assessment results.
	Budget for this activity that details the receipt and expenditure of all sources of revenue.
	Final program/agenda which contains all required information (see template for more information).
	Promotional material (for example: save the date, invitations, email announcements, posters).
	Evaluation form(s) developed for this activity.
	Template certificate of attendance that will be provided to participants.
	Speaker communication template.
	Sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
	Sample written agreement that is signed by the CPD provider organization and the sponsor (if applicable).

### Additional requirement for Mainpro+ applications

	CFPC Disclosure Slide 2 and 3.
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### Additional requirements for MOC Section 3 applications

	Participant feedback form.
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### Optional Resources

	Commitment to Change – Personal Reflection (to be handed out with anonymous evaluation forms as a separate, voluntary form)
	Commitment to Change – Post-Activity Follow Up Questions

## Appendix B – Glossary of Terms

Term	Definition
<b>Accredited / Certified CPD Activity</b>	An educational event that meets the administrative, education and ethical standards of the RCPSC or CFPC. Accredited / certified activities include group learning, self-learning and assessment, in a live or web-based format. May also be referred to as “activity”.
<b>For-Profit Support</b>	Monetary or in-kind contributions provided by an organization whose primary goal is to incur profit for the company owners or shareholders. If the CPD provider organization is for-profit, then the activity is deemed to be supported by a for-profit company.
<b>In-Kind Support</b>	Services, tools, or human resources that have a monetary value and are provided to an organization in support of an educational activity.
<b>Physician Organization</b>  Note that CFPC Mainpro+ applications must <b>ALWAYS</b> be developed by a Schulich clinical department or educational unit.	A physician organization is a not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its physician members through: <ul style="list-style-type: none"> <li>• Continuing Professional Development</li> <li>• Provision of health care and/or</li> <li>• Research</li> </ul> The definition includes (but is not limited to) the following groups: <ul style="list-style-type: none"> <li>• Faculties of Medicine</li> <li>• Hospital departments or divisions</li> <li>• Medical societies</li> <li>• Medical associations</li> <li>• Medical academies</li> <li>• Physician research organizations</li> <li>• Physician clinic</li> <li>• Health authorities not linked to government agencies</li> <li>• Canadian provincial medical regulatory authorities (MRAs)</li> </ul> This definition excludes: <ul style="list-style-type: none"> <li>• Pharmaceutical companies or their advisory groups</li> <li>• Medical supply and surgical supply companies</li> <li>• Communication companies</li> <li>• Government departments or agencies (i.e. Health Canada, Public Health Agency of Canada)</li> <li>• Other for-profit organizations and ventures/activities.</li> </ul>

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