**Application for CPD Accreditation – Group Learning**

## Submitting your Application

Please submit the completed accreditation application form along with **all** of the supporting documentation to: [CPDaccreditation@toh.ca](mailto:CPDaccreditation@toh.ca), and [Philippe.Leblanc@uOttawa.ca](mailto:Philippe.Leblanc@uOttawa.ca).

## Accreditation Support

For questions regarding the accreditation application or fees, please contact Philippe Leblanc, Accreditation and Website Coordinator: T: 613-798-5555 ext. 10962; E: [Philippe.Leblanc@uOttawa.ca](mailto:Philippe.Leblanc@uOttawa.ca) or [CPDaccreditation@toh.ca](mailto:CPDaccreditation@toh.ca); or refer to the [CPD website](https://med.uottawa.ca/professional-development/accreditation-education/accreditation-and-certification/accreditation-resources) for more information.

## Resources

**Royal College of Physicians and Surgeons of Canada:**

* [CPD Activity Toolkit](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e)
* [National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)

**College of Family Physicians of Canada:**

* [Mainpro+ Manual](https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/Mainpro_User%20Manual_ENG_Final.pdf)
* [Understanding Mainpro+ Certification](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/understandingmainprocertification_eng_april2020_final.pdf)

# Accreditation Checklist

Please submit this **completed application form**, which includes:

All Required Signatures:

* Planning Committee Chair and/or uOttawa Faculty Member on the Planning Committee
* Specialist physician who is a Fellow of the Royal College if seeking MOC Section 1 and/or Section 3 credits
* Family physician who is a member of the CFPC if seeking Mainpro+ certification (to complete the Statement of Involvement Form at the end of this application)

List of Planning Committee Members

Summary of Needs Assessment

Learning Objectives (Overall and Sessions)

Responses to all questions

Mainpro+ applicants: Overall target audience, community of practice area & Program Keywords

Please submit the following **mandatory** documentation:

Program/brochure (includes list and timing of events, as well as faculty and speakers)

Completed Declaration of Conflict of Interest form by the Chair of the Planning Committee

Budget (includes revenue/expenses, and all funding, grants, sponsors, and attendee fees)

Example of Evaluations (Overall and Session)

Attendee Registration Form (can include invitation letter and/or the website link for registration)

Certificate of Attendance (sample you will be using)

Sponsorship agreement (if applicable)

**Note: Applicants should keep a list of attendees for record purposes for a period of 5 years.**

# Application Details

## Program Title: Enter program title

| Credit Type | \*Hours / Credits |
| --- | --- |

| For Royal College of Physicians and Surgeons of Canada (RCPSC) accreditation:  **Section 1** | Enter hours Hours |
| --- | --- |
| For the College of Family Physicians of Canada (CFPC) certification:  *(Complete* [*Statement of Involvement form*](#_Statement_of_Involvement) *and the* [*Mainpro+ applicant*](#_For_programs_seeking) *questions)*  **Mainpro+** | Enter credits Credits |

**\***Note that the number of credits requested is based on the number of hours of learning activity, excluding welcome/closing remarks, breaks, and lunches.

## Program Date(s) and Location(s)

| Event date | Location |
| --- | --- |

| Start date | Venue |
| --- | --- |
| End date | City, Province |

Is this a recurring program (repeated within the next 12 months)?  Yes  No

| For Recurring Programs |  |
| --- | --- |
| If recurring, how many times will it be held within the next 12 months? | 2 3  4  More |
| Will its organization, delivery and content remain unchanged? | Yes  No |
| Please list each occurrence, if yet known: Enter date(s) and location(s) | |

## Course Format

Please indicate which presentation method(s) will be used:

| Conference | Workshop | Webinar |
| --- | --- | --- |
| Online | Virtual Conference | Rounds (Mainpro+ only) |
| Other: Please specify | | |

## Expedited Review

If you would like your application to be reviewed **within 15 calendar days** from the submission date, this is considered an **expedited review**. Note that a $150 expedited fee will apply.

Are you requesting an expedited review?  Yes  No

If yes,specify requested accreditation date

## Accreditation Status

Has your programmed been accredited through the University of Ottawa in the past?  Yes  No

## Number of Participants

Please provide the exact number of participants, or if unknown, provide the estimated range.

| **Number of Participants** | **Or Estimated Range of Participants** | |
| --- | --- | --- |
| Enter exact number | less than 99 | 100 or more |

## Registration Information

Please provide the link to your website or registration page: Enter Link

## Physician Organization Requirements

Activities eligible for accreditation and certification must meet one of the following requirements. **Indicate which option applies to your organization:**

Option 1: We are a physician organization that planned this education event alone or in conjunction with another physician organization.

Option 2: We are a physician organization that is co-developing this educational event with a non-physician organization. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program.

**Please refer to the Royal College’s** [**Definition of Physician Organization**](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e)

## Physician/Organizer

1. **Physician organization or medical organization**

| Name of Organization/Department: |
| --- |
| Address: |

1. **Primary (accountable) physician planner requesting approval**

| Name: | Address (include department): |
| --- | --- |
| Tel.: | Email: |

1. **Primary contact for this application (if different from above)**

| Name: | Address: |
| --- | --- |
| Tel.: | Email: |

1. **Co-sponsoring organization, if applicable**

| Name: | Email: |
| --- | --- |

# Declaration

*As the physician requesting approval for this activity, I accept the responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA’s guidelines, entitled, CMA Policy: Physicians and the Pharmaceutical Industry, have been met in preparing for this event.*

*Signature (or equivalent) of the chair of the planning committee requesting approval:*

|  |  |
| --- | --- |
| Physician’s Name (please print): | |
| Physician’s Signature: | Date: |

# Educational Standards

## ****Target Audience****

**The activity must be planned to address the identified needs of the target audience.** Please provide an explanation or supporting documentation for the following questions:

1. **Describe the identified target audience** for this event. If applicable, please indicate if this event is also intended to include other health professionals.

Enter Target Audience

1. List all members of the planning committee. In the case of the co-development of this educational event, please indicate which members are representing the physician organization.

### Planning Committee

| **Chair(s)** | Please include name, specialization, telephone and email |
| --- | --- |
| **Members** | Please include name, specialization, telephone and email (for each) |

## Needs Assessment

What **sources of information** were selected by the planning committee to determine and develop the content of this event? Please check all methods used for determining objective (unperceived) and subjective (perceived) educational needs of the target audience. **At least one objective and one subjective educational need should be used.**

1. Perceived (subjective) needs:

These address the gap from the learners’ point of view. What are they looking for? What is most important to them and their patients? Select all that apply:

| Questionnaire or survey | Course evaluations | Focus groups |
| --- | --- | --- |
| Opinion of planning committee | Other: Enter text | |

a) Summary of Results

Please provide a brief summary of the perceived needs assessment results. What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event?

Enter Summary of Results

1. Unperceived (objective) needs:

These needs are the gaps between present and optimal care that a learner does not know exist; when learners do not know what they do not know. Select all that apply:

| Self-assessment tests | Chart audits |
| --- | --- |
| Chart stimulated recall interviews | Direct observation of practice performance |
| Quality assurance data from hospitals, regions | Standardized patients |
| Provincial databases | Incident reports |
| Published literature (RCT, cohort studies) | Other: Enter text |

a) Summary of Results

Please provide a brief summary of the unperceived needs assessment results. What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event?

Enter Summary of Results

1. CanMEDS Roles

Please select the [CanMEDS](http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e)/CanMEDS-FM roles that were addressed in the needs assessment process:

| Medical Expert | Collaborator | Scholar |
| --- | --- | --- |
| Family Medicine Expert | Leader | Professional |
| Communicator | Health Advocate |  |

## Learning Objectives

**Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.**

**Please include your program brochure which includes this information, or list the learning objectives below:**

| **Overall learning objectives** |  |
| --- | --- |
| **Session learning objectives** |  |

**Refer to the** [Developing Learning Objectives](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/developing_learning_objectives.pdf) **PDF document for guidelines on how to develop learning objectives.**

## Interactivity

At least 25% of the total education time is devoted to interactive learning strategies.

Please select the learning method(s) used in this activity to promote at least 25% interactive learning:

| Lectures | Workshops |
| --- | --- |
| Case-based Learning | Panel discussions |
| Small group discussions (less than 16) | Audience response system |
| Simulation or role plays | Demonstrations of skills or techniques |
| Question and answer sessions | Other: Enter text here |

If online, what learning strategy is in place for participants to interact with instructors and other participants?

| Discussion boards | Chat | Email |
| --- | --- | --- |
| Social media | Teleconference | Videoconference |
| Other: Enter text | | |

**Please include in the proposed event schedule the times indicating question and answer or discussion periods, workshops, small group sessions, etc.**

## Evaluation

**Each session and the overall event must be evaluated.** The session evaluation form **must** include the following questions:

As a result of this presentation, I will make the following change(s) to my practice: please describe.

\*Did you perceive any degree of bias in any part of the program? Yes  No

If yes, please describe. ***(\*Must be stated verbatim as per CFPC requirements.)***

The stated learning objectives were met.

Please refer to the CPD’s sample evaluation forms for the [Overall Program](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/evaluation_sample_-_overall_-_may_3.docx) and/or the [Program Sessions](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/evaluation_sample_-_session_-_april5.docx) for additional questions that we recommend be included in the evaluation form. The following are some themes to consider:

| Overall effectiveness of the event | Effective use of interaction to explore session or event content |
| --- | --- |
| Teaching abilities of the speaker(s) | Personal learning projects that the participant wishes to pursue |
| Gaps in knowledge that were addressed | Relevance of course content to the target audience’s learning needs |

# Ethical Standards

To be accredited, a program must adhere to the University of Ottawa’s [Faculty of Medicine’s Industry Relations Policy](http://www.med.uottawa.ca/cpd/assets/documents/FoM_Industry_Relations_Policy_EN.pdf) and the [Canadian Medical Association’s policy](http://www.med.uottawa.ca/cpd/assets/documents/accreditation2011_Form/18_CMA_Policy.pdf)

**Note: Participants (who are not members of the SPC, speakers, moderators, facilitators and/or authors) cannot accept payment or subsidies for their travel, lodging or other out of pocket expenses to participate in an accredited CPD activity.**

Each of the following ethical standards **MUST** be met for this event to be approved under Section 1:

1. The physician organization(s) had control over the topics, content and speakers selected for this event.

**Describe the process** by which the topics, content and speakers were selected for this event.

Please describe the process here

1. The physician organization(s) assumes responsibility for ensuring the scientific validity and objectivity

of the content of this event. **Describe the process** to ensure validity and objectivity of the content for

this event.

Please describe the process here

1. The physician organization(s) will disclose to participants all financial affiliations (within the last two

years) of faculty, speakers, moderators or members of the planning committee.

**Describe how conflict of interest information** is collected and disclosed to participants.

Please describe here

**Please provide at least one example of how an identified conflict of interest in the program or planning committee will be mitigated and conveyed to the participants.** For more information, please refer to the [Bias Mitigation in CPD Activities document](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/bias_mitigation_in_cpd_activities.pdf).

Please describe here

1. All funds received in support of this activity were provided in the form of an educational grant payable

to the physician organization(s) for management and disbursement.

1. We have provided a copy of the budget that identifies each specific:

Source of revenue (including registration fees)

Funding (all sponsors and their contributions, if applicable)

Expenditures

**Please describe how the physician organization(s) assumes responsibility** for the distribution of

these funds, including the payment of honoraria to faculty.

Please describe here

If some of the sponsorship information is not yet complete, or it changes after approval is granted, we will send you a revised or final budget following the event.

1. We have provided a Sponsorship Agreement. See what [terms and conditions](https://www.cfpc.ca/uploadedFiles/CPD/National%20Standard%20for%20Support%20of%20Accredited%20CPD%20Activities%20FAQs%20for%20Implementation.pdf) should be documented in the written agreement (refer to: the [National Standard for Support of Accredited CPD Activities](https://www.cfpc.ca/uploadedFiles/CPD/National%20Standard%20for%20Support%20of%20Accredited%20CPD%20Activities%20FAQs%20for%20Implementation.pdf),

*On Receiving Financial and In-Kind Support, item 18*).

A sample [Sponsorship Prospectus](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/sponsorship_prospectus_-_sample.pdf) is also provided on our Website.

**Note: Please refer to our** [**CPD Budget template**](https://med.uottawa.ca/professional-development/sites/med.uottawa.ca.professional-development/files/budget-april_18.xlsx) **to ensure that all the required budgetary information has been provided.**

Please indicate the **type of support** received. Check all that apply:

| None | Financial only | In-kind | Both financial and in-kind |
| --- | --- | --- | --- |

Please indicate the **source(s) of financial and/or in-kind support**. Check all that apply:

| Government agency | Healthcare facility |
| --- | --- |
| Medical device company | Medical education or communications company |
| Not-for-profit organization | Pharmaceutical company |
| Other: Please specify | |

1. No drug or product advertisements appear on or with any of the written materials (preliminary or final

programs, brochures, or advance notifications) for this event. **Provide a copy** of the preliminary

program, brochure, or advance notification for this event.

1. Generic names will be used rather than trade names on all presentations and written materials.

**Describe the process** to advocate speakers’ adherence to using generic rather than trade names of

medications and/or devices included within all presentations or written materials.

Please describe the process here

# Mainpro+ Applicants

## For programs seeking CFPC certification, please complete the following:

| How were the **CanMEDS-FM competencies** considered in the needs assessment process? |  |
| --- | --- |
| What commonly encountered **barriers to change** are included in your program? |  |
| How does this program address approaches to **overcome identified barriers to change?** |  |
| **Conflict of Interest** | Will provide the [CFPC Quality Criteria Framework](https://www.cfpc.ca/uploadedFiles/CPD/QC-Grid-Criteria-Tables.pdf) to all speakers, including the requirements for **Incorporation of Evidence**, Quality Criterion 3 (*refer to page 36 of* [*Mainpro+ Certification Standards*](https://www.cfpc.ca/uploadedFiles/CPD/Mainpro_-_Maintenance_of_Proficiency/CPD_Providers_and_Planners/Mainpro-Certification-Standards.pdf)*).*  Will communicate with speakers regarding [the CMA Guidelines for Physicians in Interactions with Industry](https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/cma-policy-guidelines-for-physicians-in-interactions-with-industry-pd08-01-e.pdf) and [Innovative Medicines Canada Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/).  Speakers will complete the required CFPC [three-slide template](http://www.cfpc.ca/coi-slide-template/) for disclosing COI. |

To comply with the Mainpro+ activity reporting requirements, please provide more detail about the target audience and key words

1. Who is the **target audience** for this program?  Select all that apply from both a) and b):
2. **Overall target audience**

|  |  |
| --- | --- |
| Academic Family Physicians | Rural & Remote practicing Family Physicians |
| Interprofessional teams | Urban practicing Family Physicians |
| Researchers | Family Practice Anesthesia physicians |
| Residents | \*Others:  please specify |

*\*can include other healthcare professionals, i.e. speech pathologists, neurologists, nurse practitioners, physiotherapists, paramedics, RTs., etc.*

**b. Family Physicians with a community of practice in…**

|  |  |
| --- | --- |
| Addiction Medicine | Cancer Care |
| Child and Adolescent Health | Chronic Pain |
| Dermatology | Developmental Disabilities |
| Emergency Medicine | Enhanced Skills Surgery |
| Global Health | Health Care of the Elderly |
| Hospital Medicine | Maternity and Newborn Care |
| Mental Health | Occupational Medicine |
| Palliative Care | Prison Health |
| Respiratory Medicine | Sport and Exercise Medicine |

1. **Program Key Words**

In order to help members in searching for programs, please select the key words most relevant to your program from the list below:

|  |  |  |
| --- | --- | --- |
| Aboriginal health | Academic medicine | Addiction medicine |
| Administration | Adolescent medicine | Aesthetic Medicine |
| Allergy | Allied health professionals | Alternative/complementary medicine |
| Anesthesia and analgesia | Art and medicine | Assessment |
| Basic sciences | Behavioural science | Cancer care |
| Cardiovascular medicine | Cardiovascular surgery | Child Abuse |
| Chiropractic medicine | Chronic disease management | Clinical practice guidelines |
| Communication | Community medicine | Cosmetic medicine |
| Critical care | Culture | Dentistry/oral medicine |
| Dermatology | Diabetes | Domestic Violence |
| Drugs | Emergency medicine | Endocrinology |
| ENT | Environmental medicine | Epidemiology |
| Ethics | Faculty Development | Forensic medicine |
| Gastroenterology | General surgery | Genetics |
| Geriatric medicine/care of the elderly | Global health | Gynecology |
| Health economics | Health policy | Hematology |
| History | Homecare | Hospitalist care |
| Imaging techniques | Immunology | Infectious disease |
| International medicine | Laboratory medicine | Legal/medico-legal |
| Lifestyle | Management | Medical careers |
| Medical education | Medical informatics | Medical students and residents |
| Men’s health | Mental health | Molecular medicine |
| Nephrology | Neurology | Neurosurgery |
| Nuclear medicine | Nursing | Nutrition and metabolism |
| Obstetrics | Occupation/industrial medicine | Oncology |
| Ophthalmology | Orthopedic surgery | Pain management |
| Palliative care | Pathology | Patients |
| Pediatrics | Pharmacology | Pharmacy |
| Practice improvement | Practice management | Preventive medicine |
| Prison medicine | Psychiatry | Psychotherapy/counseling |
| Public health | Quality Improvement | Radiation therapy |
| Radiology | Rehabilitation medicine | Religion/spirituality |
| Research methods | Respiratory medicine | Rheumatology |
| Rural medicine | Sexual health and medicine | Sociology |
| Sports and exercise medicine | Statistics | Surgery |
| Thoracic surgery | Toxicology | Transplant medicine |
| Travel medicine | Tropical medicine | Urology |
| Vaccines | Vascular surgery | Women’s health |

# Statement of Involvement in Program Planning

This form must be completed and signed by a **CFPC physician** who is an active member of the planning committee that developed or co-developed this activity.

## Program Name:

## Program Date:

**Initials**

|  |  |
| --- | --- |
| I have had substantial input into this program**\*** |  |
| I have reviewed the content to ensure it is relevant to family medicine |  |
| I verify that the planning, content and conduct of this program meets pertinent ethical standards |  |
| I have been informed of any financial and/or non-financial incentives associated with this program |  |

\***Substantial input:**

* The CFPC member must be an active member of the planning committee (and, where it exists, the program scientific committee)
* Actively contribute to the consideration of learning needs, the determination of learning objectives, the choice of speakers, selection of appropriate venues, etc.
* Participate in and/or be privy to all issues and decision related to the CME program budget, including sponsorship, costs to participants, honorariums etc.
* Be a resident of the province (and ideally from the region) where the CME program is to be held

## Contact information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: | | | Membership Number (Required) | |
| Address: | | | | Tel. (W): |
| City: | Prov.: | Postal Code: | | Tel. (C): |
| E-mail address: | | | | |

| **X** |  |  |
| --- | --- | --- |
| Signature |  | Date |