

UNIVERSITY OF SASKATCHEWAN College of Medicine Division of continuing medical education USASK.CA/CME

#### **Accreditation Application Form**

Mainpro+ Certification Platform The College of Family Physicians of Canada

Before beginning the application for Mainpro+ Certification providers are expected to review the <u>Guide to Mainpro+ Certification</u> thoroughly. Failure to adhere to Mainpro+ Guidelines may result in a delay in the review process or a rejection of theapplication for certification.



#### **Program Details**

1. Do you intend to deliver this program in Quebec? Yes or No

(if no proceed to question #2)

If yes, please refer to the "Mainpro+ certification of programs delivered in the province of Quebec" section of the Understanding Mainpro+<sup>®</sup> Certification guide and read the specific requirements related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure does not meet the requirements this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any sessions delivered in Quebec.)

# Please note that if you intend to deliver this program in Quebec in French and in English you must submit the French content for review simultaneously with the English content.

Program Title: Program Start Date: Provider Organization: Contact Name: Email: Telephone: Application Contact: (If different from above) Company Name: Email: Telephone:



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#### **Financial**

2. Does this program receive financial or in-kind support from for-profit company or organization? Yes No

Select the type(s) of for-profit support they receive:

Financial In-Kind

Provide the following:

Amount of Financial Support from for-profit organization(s) recieved or anticipated to receive	
Amount of In-Kind support from for-profit organization(s) recieved or anticipated to receive	
List of for-progit supporters/sponsors	

3. Does this program receive financial or in-kind support from a not-for-profit company or organization? Yes No

Select the type(s) of not-for-profit support they receive:

Financial In-Kind

#### Provide the following:

Amount of Financial Support from for-profit orgnization(s) recieved or anticipated to receive	
Amount of In-Kind support from for-profit orgnization(s) recieved or anticipated to receive	
List of for-profit supporters/sponsors	



4. Describe in detail how funds will be used including whom is responsible for paying speaker and scientific planning committee honoraria and travel:

5. (If Quebec) Please describe in detail how funds will be used including the name of the physician organization or medical institution responsible for paying speaker and scientific planning committee, honoraria and travel:

6. Please describe all costs to participants including registration fees, education materials, meals, accomodation, and social events:



- 7. Registration fees:
- 8. Additional costs to participants (describe in detail):

- 9. Are there any social events or activites associated with this program? Yes No
- If yes, describe in detail the social activites in relation to the certified learning.



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#### **Location and Credit**

1. Select the format for this program:

Live

In Person

Webcast

Online self-study

2. Where will this program be delivered?

Inside Canada

Outside Canada/Outside United States

Inside the United States (Contact a CFPC Certification Coordinator for more information - 1-866-242-5885 or 905-361-8233)

3. Select all the provinces and/or territories in which the program will be delivered:

Alberta	Nunavut
British Columbia	Ontario
Manitoba	Prince Edward Island
New Brunswick	Quebec (should only appear if YES was selected in Prgram Details#1)
Newfoundland & Labrador	Saskatchewan
Northwest Territories	Yukon
Nova Scotia	

4. (If outside Canada and the United States) City:

5. Country:



6. Please provide the total education contact time included in the proposed program (not including breaks, meals, opening and closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes.

Did you attach a copy of the program? Yes No

7. The program is seeking:

One-credit-per-hour certification

Two-credit-per-hour certification

Three-credit-per-hour certification

8. Programs seeking two and three credits per hour must be developed and implemented by or in collaboration with a not-for-profit physician organization. Identify the not-for-profit physician organization:

9. Identify the appropriate credit category:

Assessment

Group Learning

Self-Learning



10. Is accreditation for this program being sought with any other organization or group?

Yes No

Name of Organization:

Amount and type of credits requested: (Please enter all that apply)

11. Please select the type of program:

One credit per hour Rounds program One credit per hour Journal Club One credit per hour PBSGL One credit per hour Regularly Scheduled Series (RSS) A single-delivery conference, scientific assembly, congress or similarlarge event (excludes satellite symposia and ancillary sessions) Any other CPD program or activity



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#### Planning

1. (If Rounds selected) is the planning committee accountable to the head of the department, chief of staff, or equivalent?

Yes No

2. Please explain how and to whom accountability is measured for the planning committee:

3. Who is the target audience for this program? (Select all that apply)

Academic Family Physicians Interprofessional teams Researchers Residents Rural & Remote practicing Family Physicians Urban practicing Family Physicians



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Family Physicians with a community of practice in:

Addiction Medicine Cancer Care Child and Adolescent Health Chronic Pain Dermatology **Developmental Disabilities Emergency Medicine** Family Practice Anesthesia physicians **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



4. Identify the CFPC program planning/scientific committee member(s) who were actively involved in the planning committee of this program. Members will be required to confirm their involvement before the submitted program can be reviewed.

(If program is a provincial one, CFPC member is required from the province of delivery; if national, 3 CFPC members are required from any geographical location in Canada)

5. List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee:

Name	Affiliation	Member ID (if applicable)	Email Address



- 6. Describe in detail the planning/scientific committee's involvement in the following:
  - a. Selection of topics:

b. Determination of program content:

c. Selection of speakers/presenters:



d. (If Quebec) The scientific planning committee is responsible for the selection and training of speakers/presenters. Describe the process usedby the scientific planning committee for speaker selection and training:

e. Review of Evaluation:



7. Describe how potential conflicts of interest will be disclosed to participants and the planning/scientific committee's method for the mitigation of bias should a conflict be discovered? Ensure the CFPC Conflict of Interest slides are included in presentations-for review:

Did you ensure the CFPC COI slides are included in presentations for review? Yes No

8. How will you communicate with speakers regarding the <u>CMA Guidelines for Physicians in Interactions With Industry</u>, the <u>Innovative Medicines Canada Code of Ethical Practices</u>, and for programs delivered in Quebec the <u>Code of Ethics for Parties</u> involved in Continuing Medical Education of the conseil Quebecois de developpment <u>professionel des Medecins</u>? You must include a copy of your speaker communication-template.

Did you include a copy of your speaker communication templates? Yes No



9. How will you communicate with speakers regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?

10. How do you intend to manage breaches in the Quality Criteria or ethical guidelines should these occur in the delivery of this program?

11. If this program has been delivered in the past and breaches in the ethical guidelines occurred please explain how this was managed and what your planning committee is doing differently as a result?



12. Program Key Words – In order to aid our members in searching for your programs most suited to their individual learning needs, please select the key words most relevant to your program from the list below:

Aboriginal health	ENT	
Academic medicine	Environmental medicine	
Addiction medicine	Epidemiology	
Administration	Ethics	
Adolescent medicine	Evidence-based medicine	
Allergy	Faculty Development	
Allied health professionals	Family practice/general practice/prima- ry care	
Alternative/complementary medicine	Forensic medicine	
Anesthesia and analgesia	Gastroenterology	
Basic sciences	General surgery	
Behavioural science	Genetics	
Cancer care	Geriatric medicine/care of the elderly	
Cardiovascular medicine	Global health	
Cardiovascular surgery	Gynecology	
Child Abuse	Health economics	
Chiropractic medicine	Health policy	
Chronic disease management	Hematology	
Clinical practice guidelines	History	
Communication	Homecare	
Community medicine	Hospitalist care	
Critical care	Imaging techniques	
Culture	Immunology	
Dentistry/oral medicine	Infectious disease	
Dermatology	International medicine	
Diabetes	Laboratory medicine	
Domestic Violence	Legal/medico-legal	
Drugs	Lifestyle	
Emergency medicine	Management	
Endocrinology	Medical careers	
Medical education	Psychiatry	
Medical informatics	Psychotherapy/counseling	
Medical students and residents	Public health	



Men's health	Radiation therapy	
Molecular medicine	Radiology	
Nephrology	Rehabilitation medicine	
Neurology	Religion/spirituality	
Neurosurgery	Research methods	
Nuclear medicine	Respiratory medicine	
Nursing	Rheumatology	
Nutrition and metabolism	Rural medicine	
Obstetrics	Sexual health and medicine	
Occupation/industrial medicine	Sociology	
Oncology	Sports and exercise medicine	
Ophthalmology	Statistics	
Orthopedic surgery	Surgery	
Pain management	Thoracic surgery	
Palliative care	Toxicology	
Pathology	Transplant medicine	
Patients	Travel medicine	
Pediatrics	Tropical medicine	
Pharmacology	Urology	
Pharmacy	Vaccines	
Preventive medicine	Vascular surgery	
Prison medicine	Women's health	

Please identify the CanMEDS-FM roles addressed in this program:

Collaborator Communicator Family Medicine Expert Health Advocate Manager Professional Scholar



#### **Quality Criteria Questions (Any other CPD Activity)**

#### **Quality Criterion 1 – Needs Assessment and Practice Relevance**

**One-Credit-Per-Hour requirements** 

Indirect assessment of target audience's needs were used to guide program development and to obtain generalized information on prior knowledge and practice experience (eg, generalized sources, national survey, small sample survey, published study results). Physician learning objectives are tied to needs assessment results. Needs assessment addresses physician competency through Can-MEDS-FM Role(s)

Two-credits-per-hour requirements (Must meet one credit per hour requirements AND include the following:

Needs assessment sample is representative of intended target audience (eg, all rural physicians), enhancing applicability of program content

Needs assessment identifies gaps in physician competence in at least one CanMEDs-FM competency area

Three-credits-per-hour requirements (Must meet one- and two- creditsper-hour requirements AND include the following:

Needs assessment, performed on actual program participants Information is collected from actual program participants about prior knowledge and practice experience

Needs assessment identifies gaps in knowledge (eg, pre- and posttests), competence (skills), or performance based on data from practice

Gaps in physician competence in multiple CanMEDS-FM competency areas are identified



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Additional Information Required:

In the space provided, please provide a thorough description of the needs assessment phase of this program, including:

1. Parties involved, and roles performed, during the needs assessment process, and include scientific planning committee involvement

2. Method(s) used to collect needs-assessment data, and rationale to support the use of each method

3. How practice relevance is addressed



#### **Quality Criterion 2 - Interactivity and Engagement**

One-credit-per-hour requirements

Minimum of 25% of the program is conducted in an interactive manner

Two-credits-per-hour requirements (must meet one-credit-per-hour requirements AND include the following):

Between 25 and 50% of the program is conducted in an interactive manner

Learner engagement goes beyond audience question-and-answer period

Program includes opportunities for participants to engage with each other, with facilitators, and with material being taught. (Self-Learning category programs require engagement with facilitators and materials being taught only.)

A component of the activity is based on small groups or workshops (Self-Learning category small group requirement is replaced with casebased learning component)

Three-credits-per-hour requirements (must meet one-and two-credits-per-hour requirements AND include the following):

Program is based on small-group learning (Self-Learning category programs must be based on case-based or immersive scenario learning)

Tool tip: Immersive learning environments (ILEs) are learning situations that are constructed using a variety of techniques and software tools, including game-based learning, simulation-based learning, and virtual 3D worlds. ILEs are distinguished from other learning methods by their ability to simulate realistic scenarios and environments that give learners the opportunity to practise skills.

Program includes activities that can be applied to participants' practice. Program includes formal reflection on application of learning to practiceover a realistic time period to assess practice change.

Tool tip: A realistic time period is considered to be at least 6 weeks post program completion.



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Additional Information Required:

In the space provided, please describe each interactive component of the program by indicating:

- 1. The type of interactivity occurring
- 2. When/where the interactive component occurs
- 3. How long the interactive component is anticipated to last

You will be required to upload a copy of the program schedule with the interactive components highlighted.

Did you upload a copy of the program schedule c the interactive components high-lighted?

Yes No



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#### **Quality Criterion 3 – Incorporation of Evidence**

One-credit-per-hour requirements

Provide an outline of the evidence used to create the content; must include references (authors, article title, journal, year, volume, and page numbers) within/on materials

Evidence comes from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs, or well-designed, consistent, controlled, but not randomized trials, or large cohort studies.

Any lack of evidence for assertions or recommendations must be acknowledged

If a single study is the focus or select studies are omitted, the rationale to support this decision must be provided

Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product

Both potential harms and benefits should be discussed; an efficient wayto present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions

Two-credits-per-hour requirements (must meet one credit per hour requirements AND include the following):

Content must reflect patient-oriented outcomes (outcomes a patient can feel or perceive) and avoid surrogate outcomes

Tool tip: A surrogate outcome is an event or a laboratory value that researchers hope can serve as a reliable substitute for an actual disease.

Example – cholesterol levels used as a surrogate for cardiovascular disease, assumption that if a medication lowers cholesterol levels by 10% then it will lessen the risk of a heart attack. More important patient outcomes such as death, quality of life, or functional capacity, serve as better evidence.–

Canadian-based evidence is included where it exists



Three-credits-per-hour (must include one- and two-credits-per-hour requirements AND include the following):

Provides opportunities for participants to seek, appraise, and apply best-available evidence (eg, research component for participants, assigned readings with discussion of evidence presented, and participant-driven literature reviews)

Briefly explain how each requirement has been addressed

For three-credits-per-hour describe how and where/when this program provides opportunities for learners to seek, appraise, and apply best-available evidence.



#### Quality Criterion 4 – Addressing Barriers to Change

One-credit-per-hour requirements

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Educational design includes discussion of commonly encountered barriers to practice change

Two-credits-per-hour requirements (must meet one-credit-per- hour requirements AND include the following):

Educational design includes discussion to overcoming these barriers

Three-credits-per-hour requirements (must meet one- and two- credits-per-hour requirements AND include the following):

This program solicits information on barriers (real or perceived) to change from actual program participants

The educational design addresses strategies to address these identified barriers and discusses approaches to overcoming these barriers

In the space provided briefly explain how each criterion has been addressed:

1. How and where/when this program addresses commonly encountered barriers to change relevant to the program content

2. How and where/when this program addresses approaches to overcome identified barriers (2 credits per hour)

3. How and where/when barriers to change, related to the content of this program, were solicited from actual participants (3 credits per hour)

4. What opportunities are provided for discussion of approaches to overcoming these barriers? (3 credits per hour)



#### **Quality Criterion 5 - Evaluation and Outcome Assessment**

One-credit-per-hour requirements

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Measures to assess self-reported learning or change in what participants know or know how to do as a result of the CPD program or activity

Two-credits-per-hour requirements (must meet one-credit-per-hour requirements AND include the following):

An objective measurement of change in knowledge (eg, pre/post-test) Opportunity for participants to evaluate changes across multiple CanMEDS-FM competencies

Three-credits-per-hour requirements (must meet one- and two- credits-per-hour requirements AND include the following):

An objective measurement of change in competence and/or clinical performance for all participants using work-based strategies Measurement of change in all the CanMEDS-FM competencies identified in the needs assessment and educational objectives

Additional requirements

1. Describe how and where/when this program incorporates measurement of change relevant to the program content.



#### **Quality Criterion 6 - Reinforcement of Learning**

This requirement is not mandatory for one-credit-per-hour requirements programs

Two-credits-per-hour requirements

This program incorporates one or more validated strategies to reinforce and/or facilitate continued learning

Tooltip: Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a follow-up activity to review the contract at 6 and 12 weeks post course.

Three-credits-per-hour requirements (must meet the following requirement):

This program incorporates two or more validated strategies to reinforceand/or facilitate continued learning; ideally administered at staggered time intervals (eg, 6 and 12 weeks)

Tooltip: Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a follow-up activity to review the contract at 6 and 12 weeks post course.

In the space provided please describe how and where/when this program incorporates strategies to reinforce and/or facilitate continued learning.



Quality Criteria Questions (one credit per hour Rounds program, one credit per hour Journal Club, one credit per hour PBSGL, one credit per hour Regularly Scheduled Series (RSS), one credit per hour single-delivery conference, scientific assembly, congress or similar large event [excludes satellite symposia and ancillary sessions])

#### **Quality Criterion 1 – Needs Assessment and Practice Relevance**

Describe

How the perceived and unperceived needs of the target audience have been considered in the development of the educational activities

How CanMEDS-FM competencies have been considered in the needs-assessment process

How the needs assessment informed the development of learning objectives



Identify the CanMEDS-FM Roles:

Collaborator

Communicator

Family Medicine Expert

Health Advocate

Professional

Scholar

#### Provide

The program learning objectives

If this program has been Mainpro/Mainpro+ accredited/certified in the past you must include information on how data collected from previous program evaluations was considered during the needs-assessment process.



#### **Quality Criterion 2 – Interactivity and Engagement**

Describe

The learning formats used to support the learning objectives

How the 25% interactivity requirement will be met



#### **Quality Criterion 3 - Incorporation of Evidence**

Describe

How the planning committee ensures scientific validity and objectivity of the program content

How speakers will be advised of the Quality Criteria requirements for the incorporation of evidence



#### **Quality Criterion 4 - Barriers to Change**

Describe

How barriers to practice/physician change will be addressed within the program

#### **Quality Criterion 5 - Evaluation & Outcome Assessment**

Please describe

How participants will evaluate both the series/event and the individual activities/sessions.



How participants will evaluate individual presenters/speakers

Tool tip: Participants should have an opportunity to evaluate individual talks/presenters as well as the program as a whole.



Upload Requirements (one credit per hour Rounds program, one credit per hour Journal Club, one credit per hour PBSGL, one credit per hour Regularly Scheduled Series (RSS), one credit per hour single-delivery conference, scientific assembly, congress or similar large event [excludes satellite symposia and ancillary sessions])

To finalize your submission requirements please upload the following:

COI slide template

Conflict of Interest forms for the planning committee and speakers (if speakers

are known at time of application)

Program Agenda

Summary of previous event evaluations

Copy of program/session evaluation form/format

Program invitation or brochure

If this program has for-profit financial support, please upload examples demon-

strating corporate and product colours and branding for comparison purposes.

Tools used to facilitate needs assessment

List of intended topics for discussion

Evaluations

Other