



Accreditation Application Form for Hospital/Clinical Rounds and Journal Club Activities

Mainpro+ Certification Platform
The College of Family Physicians of Canada

Before beginning the application for Mainpro+ Certification, providers are expected to review the [Guide to Mainpro+ Certification](#) thoroughly. Failure to adhere to Mainpro+ Guidelines may result in a delay in the review process or a rejection of the application. The questions on this application form are only meant for activities which meet the CFPC's definition of Hospital or Clinical Rounds and Journal Clubs are as follows:

Hospital or clinical rounds are scheduled education sessions developed by hospital, health system, or academic departments and delivered from or within a hospital, clinical, or academic setting. The SPC must be accountable to a clinical or academic department head.

Journal clubs involve groups of physicians and other health professionals who meet on a regular schedule to review and critically evaluate recent articles in scientific and medical literature. Members of a journal club are also the SPC for the club.

Program Details

In what language(s) do you intend to deliver the program?

English

French

Both

Program Title:

Program Start Date:

Name of the physician organization accountable for this program (required for activities delivered in Quebec):

Provider Organization:

Contact Name:

Email:

Telephone:

Select the program type:

Hospital or Clinical Rounds

Journal Clubs

Do you intend to deliver this program in Quebec?

YES

NO

If yes, please refer to the "Mainpro+ certification of programs delivered in the province of Quebec" section of the *Understanding Mainpro+ Certification* guide and read the specific requirement related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure do 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 session delivered in Quebec).



Financial

1. Will this program receive financial or in-kind sponsorship from an external organization?

YES

NO

If yes, program providers are required to upload a copy of the program budget for review.

Sponsor Name	Type of Support		
	Financial support Amount received or anticipated to receive:	In-kind support Description:	For-profit sponsor or Non-profit sponsor
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We attest to the following:

The hospital/clinical department or journal club scientific planning committee is responsible for the oversight of any financial and in-kind support including accountability for the budget, expenditure(s) and deliverables of any financial agreement.

The terms and conditions by which sponsorship is provided are documented in written agreements signed by responsible persons within the hospital/clinic or journal club scientific planning committee.

2. Registration fee:
3. Additional costs to participants (describe in detail):
4. Are there any social events or activities associated with this program? YES NO
5. Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning:



Location and Credits

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

3. Is this program being marketed to a single province/territory? YES NO

4. Select all the provinces and/or territories in which the program will be marketed:

Alberta	Nunavut
British Columbia	Ontario
Manitoba	Prince Edward Island
New Brunswick	Quebec
Newfoundland & Labrador	Saskatchewan
Northwest Territories	Yukon
Nova Scotia	

5. Provide the total education contact time included in the proposed program (excluding breaks, meals, opening and closing remarks, or time allotted to complete program evaluations). For recurring activities (e.g, rounds programs) request the hours equal to the total number of sessions to be delivered. You must submit the program agenda for confirmation purposes.

Total Education Contact Time:
Hours and minutes

6. Are you seeking accreditation for this program with any other organization or group? YES NO

7. Organization name (if yes to above):

8. Number of credits:

9. Type of credits:



Planning

1. Select the group(s) identified as the primary audience in the needs assessment (select all that apply):

Academic Family Physicians
 Interprofessional teams
 Researchers

Residents
 Rural & Remote practicing Family Physicians
 Urban practicing Family Physicians

2. 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

3. Identify the CFPC program planning/scientific planning committee member(s) actively involved in the program planning committee:

4. List all other planning committee/scientific planning committee members and their affiliations:

Name	Affiliation	Member ID (if applicable)	Email Address

5. We attest that the program/scientific planning committee was actively involved in:

Determining learning needs
 Selecting topics
 Selecting program content
 Selecting and training speakers/presenters (if applicable)
 Reviewing evaluation(s)
 Reviewing conflict-of-interest disclosure forms and mitigating potential bias

6. We attest that there is a communication plan in place to make presenters and facilitators aware of:

Mainpro+ Education Standards
 Program learning objectives
 CFPC Conflict of Interest disclosure slide presentation requirements
 All applicable ethical standards including the National Standard for Support of Accredited CPD Activities



7. We attest that:
 For hospital/clinical rounds, the scientific planning committee is accountable to the head of the department, chief of staff, or equivalent
 This activity will not include content created by HPI organizations or agencies working on their behalf
 We will adhere to all ethical and administrative standards for promoting and marketing this activity
8. Program keywords: To help our members search for programs suited to their individual learning needs, please select the keywords most relevant to your program from the list:

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



Faculty Development	Palliative care	
Family practice/general practice/primary care	Pathology	
Forensic medicine	Patients	

Quality Criteria 1: Needs Assessment and Practice Relevance

1. Select the needs assessment methods used to identify the **perceived** needs of the learners:
Surveys
Evaluation of feedback from previous educational events
Focus groups/interviews
Others - please specify
2. Select the needs assessment methods used to identify the **unperceived** needs of the learners:
Literature reviews
Student Feedback
Student assessment results
Accreditation reports
Medical education literature
Gap analysis
Interviews with stakeholders
Other - please describe
3. Outline the needs identified from the data collected and how this led to identifying knowledge, skills, or behaviour gaps in CanMEDS-FM competencies.

Learning Objectives

1. List the learning objectives derived from the needs assessment results:
2. Please identify the CanMEDS-FM roles addressed in this program:
Collaborator
Communicator
Medical Expert
Health Advocate
Leader
Scholar
Professional
3. Upload a list of topics you intend to cover and/or a list of topics covered in previous hospital/clinical rounds or journal clubs.



Quality Criterion 2: Active Learning, Engagement and Program Format

1. Select the activity learning formats:

Live, in person	Asynchronous virtual
Didactic lectures	Podcasts/audio learning
Small group learning	Video recordings
Inter-collaborative panel discussions	Webinars
Workshops	Online modules
Live, virtual (webcasts, web conferences)	Microlearning
Didactic lectures	
Small group learning	
Other - please specify	
2. How does the activity content address equity, diversity, and inclusion issues? Describe how you will encourage critical thinking and provide space for discussion of social justice topics. Use specific examples.
3. How will you make sure that the learning materials and resources are culturally sensitive and free from discriminatory content?
4. If applicable can you describe the training and support you'll provided to facilitators and instructors to create a safe and accessible learning environment, especially in cases involving psychologically and socially triggering content?
5. Select the method(s) used to meet the 25% interactivity requirement:

Audience question and answer period
Audience response systems
Case discussions
Quizzes and multiple-choice questions
Discussion boards
Small group breakouts
Game-based learning/immersive scenarios
Role playing
Simulation
Other - please specify
6. Upload a copy of the hospital/clinical rounds or journal club schedule including a sample of an agenda for one of the sessions.



7. Explain how participation is tracked as well as how learners can ask a question and receive answers about the program content.

Quality Criterion 3: Incorporation of Evidence

1. Select the sources of evidence used to design and support the activity content:
Systematic reviews of studies with/without meta-analysis
Observational studies such as prospective or retrospective cohort studies; case-control studies, and case-reports
Randomized control trials and non-inferiority studies
Clinical guidelines or resources that summarize evidence
Pedagogical literature
Social sciences literature
Humanities literature
Business literature
Other - please specify
2. Describe how evidence was identified and selected:
3. How do you make sure that your content avoids relying on stereotypes related to race, gender, and ethnicity when making recommendations or providing information? Can you give specific instances where you've addressed this concern?
4. Explain how your content addressed the needs and perspectives of diverse communities across Canada. How do you make sure it's relevant and respectful to different groups?
5. Will this activity include discussion of off-label or unapproved treatments?
No
Yes

If yes, explain the relevance of these treatments over approved options.



Quality Criterion 4: Evaluation and Outcome Assessment

1. Select the evaluation formats used in this activity:
Evaluation form (online or paper based)
Observation and feedback on performance
Project completion/grading
Exam/quiz/test
Other - please specify
2. Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:
3. Describe how evaluation feedback is used, who reviews it, how often it is reviewed, and how it is used for quality improvement:
4. We agree that this activity may be selected for an audit
Yes
No
5. If selected, we understand that we must submit the following materials to the University of Saskatchewan, College of Medicine, Division of Continuing Medical Education for audit purposes:
All promotional materials related to this activity
Record of scientific planning committee meeting minutes
Completed conflict of interest forms for the scientific planning committee and faculty
An attendance list for the activity (all sessions)
Evaluation results
Copies of the conflict-of-interest disclosures made to the audience
If applicable/available, copies of the material delivered and/or recordings of the activity
If applicable, copies of any sponsor acknowledgement/promotion that occurred during the activity
Copies of speaker/presenter communications
Copy of letter of participation issued to participants
Other material deemed relevant by the Division of Continuing Medical Education



Additional Upload Requirements for Review:

- Upload a copy of the Participant Attendance Letter/Certificate
- Upload a copy of the List of Topics
- Upload a copy of the Activity Agenda
- Upload a copy of the Program Evaluation
- Any other relevant materials

As the chair of the scientific planning committee (or equivalent), 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: Guidelines for Physicians in Interactions with Industry (2021) and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

Signature:

Date:

Please provide your transaction basket # located at the top right hand corner of your receipt as proof of payment. We are unable to begin the review process without this information.