**Certification / Accreditation Application
Queen’s University, CPD Office**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this program:

* Live in person? Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Live web broadcast
* Asynchronous online

Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Will this program be offered more than once?

* Yes. Additional dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Planning Committee**

Program Planning chair name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative key contact

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like this program accredited / certified for:

|  |  |  |
| --- | --- | --- |
| College & Credits | Planning Committee Member Name Representing this College | Queen’s Faculty? |
| * The Royal College of Physician and Surgeons of Canada– MOC Section 1
 | *Or specialist that is representative of the target audience* | 🞎 |
| * Canadian Family Physicians of Canada – Mainpro+ (1 credit / hour)
 | At least 1 active CFPC Member for in person programs and 3 for online programs  | 🞎 |

\*For MOC Section 3 credits or assistance with your application for Mainpro+ 2 credit / hour and 3 credits /hour please contact cpd.che@queensu.ca

In addition to members of the above selected college, what other professions are among your target audience?

|  |  |  |
| --- | --- | --- |
| Profession: | Planning committee member representing this audience: | Queen’s Faculty? |
|  |  | 🞎 |
|  |  | 🞎 |
|  |  | 🞎 |
|  |  | 🞎 |

Other Planning committee Members:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the planning committee accountable to the head of the department, chief of staff or equivalent?

* Yes, describe how and to whom accountability is measured for the planning committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Will /has the planning committee members demonstrated substantial input by:

🞎 Yes 🞎 No Determining selection of all topics
🞎 Yes 🞎 No Determining program content
🞎 Yes 🞎 No Writing learning objectives
🞎 Yes 🞎 No Selecting all speakers/presenters
🞎 Yes 🞎 No Ensuring disclosure slides are presented
🞎 Yes 🞎 No Reviewing evaluations
 Reviewing all presentation materials to:
🞎 Yes 🞎 No 1) determine content is evidence based
🞎 Yes 🞎 No *2)*Medication is referred to by the generic name *(tradenames can only be listed if all trade names are included)*🞎 Yes 🞎 No 3) Slides / Materials do not follow the corporate colours of any relevant *pharmaceutical company or product*🞎 Yes 🞎 No Ensuring speakers and program adhere to the [Rx&D Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/)
🞎 Yes 🞎 No Ensuring speakers and program adhere to the [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)

Identify the [CanMEDS-FM](http://www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf) / [CanMEDS](http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e) roles addressed in this program:

* Collaborator
* Communicator
* Family Medicine Expert / Medical Expert
* Health Advocate
* Manager / Leader
* Professional
* Scholar

Describe how the roles will be addressed (optional):

|  |
| --- |
|  |

The program evaluation must include the following questions. Please confirm these have been included:

* This program enhanced my knowledge (Strongly Agree ….Neutral…Strongly Disagree)
* Please indicate which of the CanMEDS-FM /CanMEDs roles you felt were addressed during this educational activity (Collaborator, Communicator, Family Medicine Expert / Medical Expert, Health Advocate, Manager / Leader, Professional, Scholar)
* Did you perceive any degree of bias in any of the program? (No, Yes - Please identify:\_\_\_\_\_\_\_\_)
* Can you identify any barriers to incorporating what you learned today into your practice?
* The learning objectives were met (Strongly agree…. Strongly disagree)
* What learning will you integrate into your practise?

**CFPC Quality Criteria**

**Quality Criteria 1: Needs Assessment and Practice Relevance**

Requirement:

1. 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).

Does the needs assessment meets this requirement? 🞎 Yes 🞎 No

1. Physician learning objectives are tied to needs assessment results.

Do the objectives meet this requirement? 🞎 Yes 🞎 No

1. Needs assessment addresses physician competency through [CanMEDS-FM Role(s)](http://www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf)

Does the needs assessment meet this requirement? 🞎 Yes 🞎 No

Provide a description of the needs assessment for this program, including:

* Parties involved, and the roles performed, during the needs assessment process development and implementation
* Method(s) used to collect needs-assessment data, and rationale to support the use of each method
* How practice relevance is addressed
* How gaps in competency were identified and how CanMEDS-FM competencies were utilized in the needs assessment and curriculum development process

|  |
| --- |
|  |

List the learning objectives and how they were developed from the needs assessment:
Learning Objectives should finish the sentence: **At the end of this program participants will:**

|  |
| --- |
|  |

 **Quality Criterion 2: Interactivity and Engagement**

Requirement:

1. Minimum of 25% of the program is conducted in an interactive manner
Does the program meet this requirement? 🞎 Yes 🞎 No

Describe each interactive component of the program by indicating:

* The type of interactivity occurring
* When/where the interactive component occurs
* How long the interactive component is anticipated to last

|  |
| --- |
|  |

* Attach a copy of the program schedule with the interactive components highlighted.

**Quality Criterion 3: Incorporation of Evidence**

Requirement:

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

Does the program meet this requirement? 🞎 Yes 🞎 No

1. 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.

Does the program meet this requirement? 🞎 Yes 🞎 No

1. Any lack of evidence for assertions or recommendations must be acknowledged

Does the program meet this requirement? 🞎 Yes 🞎 No

Describe how each requirement has / will be addressed

|  |
| --- |
|  |

**Quality Criterion 4: Addressing Barriers to Change**

Describe how this program’s educational design includes discussion of commonly encountered barriers to practice change

|  |
| --- |
|  |

 **Quality Criterion 5: Evaluation and Outcome Assessment**

Requirement:

1. 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
Does the evaluation meets this requirement? 🞎 Yes 🞎 No

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

|  |
| --- |
|  |

How will speakers/facilitators be made aware of the Mainpro+ Quality Criteria, and program learning objectives that they will address? What kind of instructions will be given?

|  |
| --- |
|  |

How will breaches in the Quality Criteria or ethical guidelines be addressed should these occur?

|  |
| --- |
|  |

**Funding**

How is this program funded? (Select all that apply)

* Participant registration fee
* Departmental / faculty funding
* From a not-for profit company

|  |  |
| --- | --- |
| Name of not for profit supporter | Amount or in kind contribution anticipated or received:  |
|  |  |
|  |  |
|  |  |
|  |  |

* From a for profit company

|  |  |
| --- | --- |
| Name of for profit supporter | Amount or in kind contribution anticipated or received: |
|  |  |
|  |  |
|  |  |
|  |  |

Describe how funds will be used; including who is responsible for paying speaker honoraria and travel:

|  |
| --- |
|  |

Is accreditation/certification for this program being sought with any other organization or group?

* Yes, Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

This program is seeking:

* Group-Learning credits (e.g. conferences, rounds, journal clubs)
* Assessment credits (e.g. practice audits, QA programs, Linking Learning to Assessment, Provincial Practice Review)
* Self-Learning credits (e.g. online programs, Linking Learning exercises)

**Attachments**

* PowerPoint slides, handouts and/or materials for the program \*if program will be offered more than once\*
* Disclosure slides and objectives slides
* Items used in the needs assessment / summary of findings
* Program Agenda/ Brochure
* Conflict of Interest forms for the planning committee and speakers
* Summary of previous event evaluations
* Copy of program/presenter evaluation form
* Budget (including revenue and expenses)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (planning committee chair) confirm that all information in this application is correct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
Signature Date