**Accreditation/Certification Application Checklist**

**Note: Please submit your completed checklist and attachments at least 30 business days prior to your event to allow for processing time and revisions (if applicable).**

**We are seeking accreditation for *(please tick the appropriate box)*:**

**Continuing Professional Development**

**Faculty Development**

**Send completed Checklist and Attachments (attachments in one .zip file):**

**for *Faculty Development* programs to** [**fac.dev@queensu.ca**](mailto:fac.dev@queensu.ca)

**for *Continuing Professional Development* programs to** [**cpd.che@queensu.ca**](mailto:cpd.che@queensu.ca)

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**Date of Application:**

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| **Program Information:** | |
| **Program Name:**  **Program Date:**  **Location:** | |
| **Is this program:**  **Live/in person (City and Venue)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Live web broadcast**  **Asynchronous online**  **Where will this program be delivered:**  **Inside Canada – *if so, which provinces and territories*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Outside Canada – *if, so which countries*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please provide the total educational contact time *(hours and minutes)* in the proposed program *(learning time only; please exclude breaks and meals)***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Will this program be offered more than once during this calendar year?**  **No**  **Yes.**  **Please list additional dates:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Administrative Key Contact:** | |
| **Name:**  **Email:**  **Phone:** | |

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| **This program is seeking accreditation / certification for (tick all boxes that apply):** | | |
| **College & Credits** | **Name of Planning Committee Member Representing this College** | **Queen’s Faculty?** |
| **The Royal College of Physician and Surgeons of Canada– MOC Section 1** | ***(Can be a specialist that is representative of the target audience)***   |  | | --- | |  | | **Yes**  **No** |
| **Canadian Family Physicians of Canada – Mainpro+ (1 credit / hour)**  **Would you like this session to appear on the CFPC member-accessible calendar of Events?**  **Yes**  **No** | **At least 1 active CFPC Member for in-person programs, and 3 for online programs**   |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  | | **Yes**  **No**  **Yes**  **No**  **Yes**  **No** |

**\*For MOC Section 3 credits or assistance with your application for Mainpro+ 2 credits/hour and 3 credits/hour, please contact** [**cpd.che@queensu.ca**](mailto:cpd.che@queensu.ca)

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| **This program is seeking (please tick the appropriate box):** |
| **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)** |

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| **Planning Committee:** | |
| **Planning Committee Members** | |
| **Identify the Chair of the Planning Committee:** | **College, speciality or profession the Chair of the planning committee represents:** |
| **Name:­**  **Email:**  **Phone:**  **Fax:** | |  | | --- | |  | |
| **Identify the other members of the Planning Committee (Please tick the box to indicate if Queen’s Faculty):** | **College, speciality or profession the planning committee member represents:** |

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| **Name:** | **Queen’s** |  |
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| **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. (Please explain why not.)**   |  | | --- | |  | |  | |  | |  | |
| **Will / have the Planning Committee members demonstrated substantial input by:**  ***(Please explain each box that is ticked No)***  **Determining the selection of all topics Yes No**   |  | | --- | | Explain if No: |     **Determining the program content Yes No**   |  | | --- | | Explain if No: |   **Writing the learning objectives Yes No**   |  | | --- | | Explain if No: |     **Selecting all speakers / presenters Yes No**   |  | | --- | | Explain if No: |   **Ensuring disclosure slides are presented Yes No**   |  | | --- | | Explain if No: |   **Reviewing evaluations Yes No**  **Reviewing all presentation materials to:**   1. **Determine content is evidence-based Yes No** 2. **Medication is referred to by the generic name *(Trade names can only be listed if all trade names are included)* Yes No** 3. **Slides / materials do not contain sponsor logos and do not follow the corporate colours of any relevant pharmaceutical company or product Yes No**  |  | | --- | |  |   **Reviewing conflicts of interest disclosures and adhering to a plan to mitigate potential biases**  **Yes No**   |  | | --- | |  |   **Ensuring speakers and programs adhere to the** [**Rx&D Code of Ethical Practices**](http://innovativemedicines.ca/ethics/code-of-ethics/)  **Yes No**   |  | | --- | |  |   **Ensuring speakers and programs adhere to the** [**CMA Guidelines for Physicians in Interactions with Industry**](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf)  **Yes No**   |  | | --- | |  |   **Ensuring speakers and programs 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)  **Yes No**   |  | | --- | |  | |

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| **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 | 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 |   **Please select the keywords most relevant to your program from the list below**   |  |  |  | | --- | --- | --- | | Aboriginal health  Academic medicine  Addiction medicine  Administration  Adolescent medicine  Allergy  Allied health professionals  Alternative/complementary medicine  Anesthesia and analgesia  Basic sciences  Behavioural science  Cancer care  Cardiovascular medicine  Cardiovascular surgery  Child Abuse  Chiropractic medicine  Chronic disease management  Clinical practice guidelines  Communication  Community medicine  Critical care  Culture  Dentistry/oral medicine  Dermatology  Diabetes  Domestic Violence  Drugs  Emergency medicine  Endocrinology  ENT  Environmental medicine  Epidemiology  Ethics  Evidence-based medicine  Faculty Development  Forensic medicine | Family/general practice/primary care  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  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  Preventive medicine  Prison medicine  Psychiatry  Psychotherapy/counseling  Public health  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 | |
| **Identify the** [**CanMEDS-FM**](http://www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf) **/** [**CanMEDS**](http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e) **role(s) addressed in this program:**   |  |  |  |  | | --- | --- | --- | --- | | Collaborator | Communicator | Family Medicine Expert / Medical Expert | | | Health Advocate | Leader | Scholar | Professional |   **Describe the CanMEDS roles/competencies for the overall activity and specific sessions as well as how they will be addressed:**   |  | | --- | | **Overall Program:**                  **Specific Sessions:** | |
| **Describe the process to ensure the validity and objectivity of the content for this event.** |
| **Describe how conflict of interest information is collected, and how it is disclosed to participants.** |

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| **Quality Criterion 1:****Needs Assessment and Practice Relevance** |
| **Requirement:**   1. ***Indirect assessment of target audiences’ needs was used to guide program development and to obtain generalized information on prior knowledge and practice experience (e.g. generalized sources, national survey, small sample survey, published study results).***   **Does the needs assessment meet 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 / CanMEDS Role(s).***   **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 / CanMEDS competencies were utilized in the needs assessment and curriculum development process** * **If this program was previously Mainpro/Mainpro+ accredited/certified, you must include and describe how data collected from previous program evaluations was considered during the needs assessment process.** * **Please attach a copy of all tools used to facilitate the needs assessment, as well as a brief summary of the needs assessment findings** |

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| **Learning Objectives** |
| **List the learning objectives and how they were developed from the needs assessment. *Learning objectives must be listed for the program as a whole, and for each session.***  **Help with writing effective learning objectives can be found here:**  <http://www.cfpc.ca/uploadedFiles/CPD/QTB_Writing_ENG_FINAL.pdf>  <http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/writing-learning-objectives-e.pdf>  **Learning objectives should finish the sentence “At the end of this program, participants will be able to…”.**        **How the learning objectives were developed from the needs assessment:** |

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| **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 (e.g. discussion periods, small groups, workshops, etc.)** * **When/where the interactive component occurs** * **How long the interactive component is anticipated to last**   **Attach a copy of the Agenda, with the interactive components highlighted.** |

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| **Quality Criterion 3:****Incorporation of Evidence** |
| **Requirement:**   1. ***Provide an outline of the evidence used to create the content. You must include references: author(s), 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 {randomized control trials}, 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**   1. ***If a single study is the focus or select studies are omitted, the rationale to support this decision must be included.***   **Does the program meet this requirement? Yes No**   1. ***Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product***   **Does the program meet this requirement? Yes No**   1. ***Both potential harms and benefits should be discussed; an efficient way to 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***   **Does the program meet this requirement? Yes No**  **Describe how each requirement has been/will be addressed.** |
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| **Quality Criterion 4:****Addressing Barriers to Change** |
| **Describe how this program’s educational design includes discussion of commonly encountered barriers to practice change.** |

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| **Quality Criterion 5:****Evaluation and Outcome Assessment** |
| **Requirement:**   1. ***There are measures to assess self-reported learning or change in what participants know or know how to do as a result of the program or activity***   **Does the evaluation meet this requirement? Yes No** |
| **The program evaluation must include the following questions. Please confirm that they have been included:**  **This program enhanced my knowledge (Strongly Agree, Neutral…Strongly Disagree)**  **The learning objectives were met (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, Leader, Professional, Scholar)**  **Did you perceive any degree of bias in any of the program? (No, Yes – Please Identify:\_\_\_\_\_)**  **What learning will you integrate into your practice?**  **Did the activity comply with the** [Rx&D Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/) **found at** <http://innovativemedicines.ca/ethics/code-of-ethics/>?  **Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?” For more information on these standards: CMA:** <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf> |
| **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?** \*            \*Although not required to be submitted with this application, *please use this* ***template*** *to communicate important information to your speaker(s)*. Double-click on the icon to open the document. |
| **Describe how breaches in the Quality Criteria or ethical guidelines will be addressed, should they occur.** |
| **How is this program funded? (please tick all boxes that apply)**  **Participant registration fee**  **Department/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 (Please identify):**   |  |  | | --- | --- | | Name of for profit supporter | Amount or in-kind contribution anticipated or received: | |  |  | |  |  | |  |  | |  |  |   **From another source (Please detail):**   |  |  | | --- | --- | | Name of other source | Amount or in-kind contribution anticipated or received: | |  |  | |  |  | |  |  | |  |  | |

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| **Attachments** | | | |
| **Please indicate the items used to support this application by checking the appropriate box(es).**  **Double-click on the icons below to open the documents.**  **Please save all Attachments in one zip file and submit with your application.**  **To edit the PowerPoint slides:**   1. Right-click the slide PowerPoint icon 2. In the dialogue box, slide down to Presentation Object and choose Edit 3. File and Save your edited slides into your preferred location      1. **Program disclosure slide: How this program mitigates bias**      1. **Presenter disclosure slide**      1. **Learning objectives slide.** **Note**: **You must submit learning objectives slides for the program as a whole, and for each session (if applicable).**      1. **Items used in the needs assessment/summary of findings** 2. **Program announcement/invitation** 3. **Program agenda, with the interactive components highlighted** 4. **Conflict of interest forms for each member of the Planning Committee and for each speaker**      1. **Summary of previous event evaluations** 2. **Copy of program/presenter evaluation form**      1. **Budget (including identifying sources of revenue, and disbursement of expenses)** 2. **References** 3. **Notification of Review Form** – **Note: Must be completed for programs accredited for the Royal College of Physicians and Surgeons.**      1. **Other (please detail)**     **If one or more attachments are Not Applicable to this program, please detail the reason(s):**  **The following Attachment(s) are not applicable because:** | | | |
| **Declaration** | | | | | |
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| As the chair of the scientific planning committee (or equivalent), I accept 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 (2007)*, and National Standard for Support of Accredited CPD Activities have been met in preparing for this event. | | | | | |
|  | | **I Agree** | By clicking “ I agree” you are agreeing to the declaration stated above | | |
| **Name:** | | | | Click here to enter text. | |
| **Date:**  (dd/mm/yyyy) | | | | Click here to enter a date. | |