



Certification Application Questions

Before beginning the application for Mainpro+ Certification providers are expected to review the [Mainpro+](http://www.cfpc.ca/uploadedFiles/CPD/Mainpro_-_Maintenance_of_Proficiency/CPD_Providers_and_Planners/Mainpro-Certification-Standard-March-2018.pdf) Certification Standards thoroughly. Failure to adhere to Mainpro+ guidelines may result in a delay in the review process or a rejection of the application for certification.

Program Details

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| --- | --- | --- |
| 1.  | Do you intend to deliver this program in Quebec? | 🞎 Yes 🞎 No |
| 1.1 | 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 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. |  |
| 2.  | Program Title: |  |
| 3.  | Program Start Date: |  |
| 4.  | Provider Organization: |  |
| 5.  | Contact Name: |  |
| 6.  | Email: |  |
| 7.  | Telephone: |  |
| 8.  | Application contact (if different from above): |  |
| 9.  | Contact First Name: Contact Last Name: |  |
| 10. | Email: |  |
| 11. | Telephone: |  |
| 12.  | (If yes to Quebec): What is the name of the physician organization accountable for this program? |  |

Financial

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| --- | --- | --- |
| 13. | Does this program receive financial or in-kind support from a for-profit company or organization? | 🞎 Yes 🞎 No |
| 13.1 | (if yes to above) Select the type (s) of for-profit support received: | 🞎 Financial 🞎 In-kind |
| 13.2 | Provide the following: |  |
| 13.2.1 | Amount of financial support from for-profit organization(s) received or anticipated to receive: |  |
| 13.2.2 | Amount of in-kind support from for-profit organization(s) received or anticipated to receive: |  |
| 13.2.3 | List of for-profit supporters/sponsors: |  |
| 14. | Does this program receive financial or in-kind support from a not-for-profit organization? | 🞎 Yes 🞎 No |
| 14.1 | (if yes to above) Select the type (s) of not-for-profit support received: | 🞎 Financial 🞎 In-kind |
| 14.2 | Provide the following: |  |
| 14.2.1 | Amount of financial support from not-for-profit company received or anticipated to receive: |  |
| 14.2.2 | Amount of in-kind support from not-for-profit company received or anticipated to receive: |  |
| 14.2.3 | List of not-for-profit supporters/sponsor: |  |
| 15. | Does the CPD provider organization have written agreements with sponsors outlining the terms, conditions, and purposes by which sponsorship is provided? | 🞎 Yes 🞎 No |
| 16. | Is this program self-funded by a for-profit organization?  | 🞎 Yes 🞎 No |
| 17. | Does the CPD provider organization and/or scientific planning committee have measures in place to ensure that interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright, and contractual law regulations? | 🞎 Yes 🞎 No |
| 18. | Has the CPD provider organization ensured that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interested designated by the CPD provider organization? | 🞎 Yes 🞎 No |
| 19.  | (if yes to Quebec) Is a physician organization responsible for paying speaker and scientific planning committee honoraria and travel? | 🞎 Yes 🞎 No |
| 20. | Registration fee: | $ |
| 21. | Additional costs to participants (describe in detail): |  |
| 22. | Are there any social events or activities associated with this program? | 🞎 Yes 🞎 No |
| 22.1 | (if yes to above) 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

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| 23. | Select the format for this program: | 🞎 Live 🞎 Online Self-study |
| 23.1 | Select all that apply (if live selected above): | 🞎 In-person🞎 Webcast |
| 24. | Where will this program be delivered? | 🞎 Inside Canada🞎 Outside Canada |
| 25. | Select all the provinces and/or territories in which the program will be delivered: | 🞎 Alberta🞎 British Columbia🞎 Manitoba🞎 New Brunswick 🞎 Newfoundland & Labrador 🞎 Northwest Territories🞎 Nova Scotia🞎 Nunavut🞎 Ontario🞎 Prince Edward Island🞎 Quebec🞎 Saskatchewan🞎 Yukon |
| 26. | Select the Country (s) the program will be delivered in: |  |
| 27.  | Please provide the total education contact time included in the proposed program (not including breaks, meals, opening & closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes. | Hours: Minutes: |
| 28. | This program is seeking: | 🞎 One-credit-per-hour certification🞎 Two-credits-per-hour-certification🞎 Three-credits-per-hour-certification |
| 29. | 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: |  |
| 30. | Identify the appropriate credit category: | 🞎 Assessment🞎 Group Learning🞎 Self-Learning |
| 31. | Is accreditation for this program being sought with any other organization or group? | 🞎 Yes 🞎 No |
| 31.1 | (if yes above) Name of Organization: |  |
| 31.2 | Number of credits: |  |
| 31.3 | Type of credit |  |
| 32. | Please select the type of program: | 🞎 One credit per hour hospital or clinical rounds program 🞎 One credit per hour Journal Club 🞎 One credit per hour small group learning activities🞎 One credit per hour Faculty Development program 🞎 One credit per hour Regularly Scheduled Series (RSS) 🞎 A single-delivery conference, scientific assembly, congress or similar event (excludes satellite symposia and ancillary sessions) 🞎 Any other CPD program or activity |

Planning

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| 33. | (if hospital or clinical rounds selected above) Is the planning committee accountable to the head of the department, chief of staff, or equivalent? | 🞎 Yes 🞎 No |
| 34. | Is the scientific planning committee independent and responsible for content development? | 🞎 Yes 🞎 No |
| 35. | 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
 |
| 36. | 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: | CFPC Member Name(s)CFPC Member Email(s) |
| 37. | List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee: | NameAffiliationMember ID (if applicable)Email Address |
| 38. | Does this activity include speakers/presenters/facilitators? | 🞎 Yes 🞎 No |
| 39. | Was the scientific planning committee actively involved in: |  |
| 39.1 | Selection of topics | 🞎 Yes 🞎 No |
| 39.2 | Determination of program content | 🞎 Yes 🞎 No |
| 39.3 | Selection of speakers/presenters (if yes to 38):  | 🞎 Yes 🞎 No |
| 39.4 | The scientific planning committee is responsible for the selection and training of speakers/presenters (if yes to Quebec and yes to 38) | 🞎 Yes 🞎 No |
| 39.5 | Review of Evaluation (development as well as evaluation results): | 🞎 Yes 🞎 No |
| 40. | Have you ensured that the scientific planning committee, speakers, moderators, facilitators, and authors complete conflict of interest disclosure forms and that the potential conflicts of interest will be disclosed to participants? | 🞎 Yes 🞎 No |
| 41. | Does the scientific planning committee have a plan for review of conflict of interest disclosures and a plan to mitigate any potential for bias? | 🞎 Yes 🞎 No |
| 42. | Will you 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), [Innovative Medicines Canada Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/), and for programs delivered in Quebec the [Code of Ethics](http://cqdpcm.ca/wp-content/uploads/2017/05/Code-of-ethics_en-r%C3%A9vision.pdf) of the Conseil québécois de développment professionel continu des médecins? You must include a copy of your speaker communication template. | 🞎 Yes 🞎 No |
| 43. | How will you communicate with speakers/facilitators/moderators regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given? |  |
| 44. | 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 healthAcademic medicineAddiction medicineAdministrationAdolescent medicineAllergyAllied health professionalsAlternative/complementary medicineAnesthesia and analgesiaBasic sciencesBehavioural scienceCancer careCardiovascular medicineCardiovascular surgeryChild AbuseChiropractic medicineChronic disease managementClinical practice guidelinesCommunicationCommunity medicineCritical careCultureDentistry/oral medicineDermatologyDiabetesDomestic ViolenceDrugsEmergency medicineEndocrinologyENTEnvironmental medicineEpidemiologyEthicsEvidence-based medicineFaculty DevelopmentFamily practice/general practice/primary careForensic medicineGastroenterologyGeneral surgeryGeneticsGeriatric medicine/care of the elderlyGlobal healthGynecologyHealth economicsHealth policyHematologyHistoryHomecareHospitalist careImaging techniquesImmunologyInfectious diseaseInternational medicineLaboratory medicineLegal/medico-legalLifestyleManagementMedical careersMedical educationMedical informaticsMedical students and residentsMen’s healthMolecular medicineNephrologyNeurologyNeurosurgeryNuclear medicineNursingNutrition and metabolismObstetricsOccupation/industrial medicineOncologyOphthalmologyOrthopedic surgeryPain managementPalliative carePathologyPatientsPediatricsPharmacologyPharmacyPreventive medicinePrison medicinePsychiatryPsychotherapy/counselingPublic healthRadiation therapyRadiologyRehabilitation medicineReligion/spiritualityResearch methodsRespiratory medicineRheumatologyRural medicineSexual health and medicineSociologySports and exercise medicineStatisticsSurgeryThoracic surgeryToxicologyTransplant medicineTravel medicineTropical medicineUrologyVaccinesVascular surgeryWomen’s health |
| 45. | Please identify the [CanMEDS-FM](http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=3031&terms=CanMEDS-FM) roles addressed in this program: | 🞎Collaborator🞎 Communicator🞎 Family Medicine Expert🞎 Health Advocate🞎 Leader🞎 Professional🞎 Scholar  |
| 46. | List the learning objectives for this activity as well as the [CanMEDS-FM](http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=3031&terms=CanMEDS-FM) competency linked to the learning objective. What learning objectives have been developed for | a) the overall activity? b) Specific sessions? |

Quality Criteria Questions if “any other CPD activity” selected

47A. **Quality Criterion 1 – Needs Assessment and Practice Relevance**

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| **🞎 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 CanMEDS-FM Role(s)
 |
| 🞎 **Two credits per hour - 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 - Must meet one- and two- credits-per-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 post-tests), competence (skills), or performance based on data from practice
* Gaps in physician competence in multiple CanMEDS-FM competency areas are identified
 |
| In the space provided, please provide a thorough description of how the Quality Criteria requirements have been met including:  | 1. Parties involved, and roles performed, during the needs assessment process, and include scientific planning committee involvement2. Method(s) used to collect needs-assessment data, and rationale to support the use of each method3. How practice relevance is addressed4. How gaps in competency were identified and how CanMEDS-FM competencies were utilized in the needs assessment and curriculum development process5. If this program was previously Mainpro/Mainpro+ accredited/certified you must include information on how data collected from previous program evaluations was considered during the needs assessment process.6. Please attach a copy of all tools used to facilitate the needs assessment |

48A. **Quality Criterion 2 - Interactivity and Engagement**

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| **🞎 One-credit-per-hour requirements** | * Minimum of 25% of the program is conducted in an interactive manner
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| **🞎** **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 case-based 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 practice over 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.* |
| In the space provided, please describe how the Quality Criteria requirement has been met by indicating: | 1. The type of interactivity occurring2. When/where the interactive component occurs3. How long the interactive component is anticipated to lastYou will be required to upload a copy of the program schedule with the interactive components highlighted. |

**49A. Quality Criterion 3 – Incorporation of Evidence**

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| **🞎 One-credit-per-hour requirements** | * Provides 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 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
 |
| **🞎 Two credits per hour (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.** Canadian-based evidence is included where it exists
 |
| **🞎 Three-credits-per-hour requirements (must meet 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)
 |
| In the space provided, please describe how the Quality Criteria requirement hast been met.  | For three credits per hour describe how and where/when this program provides opportunities for learners to seek, appraise, and apply best-available evidence. |

50A. **Quality Criterion 4 – Addressing Barriers to Change**

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| **🞎 One-credit-per-hour requirements** | * Educational design includes discussion of commonly encountered barriers to practice change
 |
| **🞎 Two credits per hour (must meet one-credit-per- hour requirements AND include the following):** | * Educational design includes discussion to overcoming these barriers
 |
| **🞎 Three credits per hour (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 the Quality Criteria requirements have been met including: | 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)
 |

51A**. Quality Criterion 5 - Evaluation and Outcome Assessment**

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| **🞎 One-credit-per-hour requirements** | * 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 (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 (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
 |
| In the space provided describe how the Quality Criteria requirement has been met. |  |

52A. **Quality Criterion 6 - Reinforcement of Learning**

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| **🞎 This requirement is not mandatory for one- credit-per-hour programs** |  |
| **🞎 Two credits-per-hour requirements:** | * This program incorporates one or more validated strategies to reinforce and/or facilitate continued learning

*Tool tip:**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 (must meet the following requirement):** | * This program incorporates two or more validated strategies to reinforce and/or facilitate continued learning; ideally administered at staggered time intervals (eg, 6 and 12 weeks)

*Tool tip:**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* |

53A. Upload requirements (if “Any other CPD activity” is selected)

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| --- | --- |
| To finalize your submission requirements please upload the following: | * Content of the program/activity
* COI slide template
* Conflict of Interest forms for the planning committee and speakers (if speakers are known at time of application)
* Program Agenda and/or Program invitation or brochure
* Summary of previous event evaluations
* Copy of program/session evaluation form/format
* If this program has for-profit financial support, please upload examples demonstrating corporate and product colours and branding for comparison purposes.
* Tools used to facilitate needs assessment
* Evaluations
* Speaker communications template (required only if activity includes speakers/presenters)
* Other
 |

Quality Criteria Questions (one-credit-per-hour hospital or clinical rounds , one credit-per-hour journal club, one-credit-per-hour small-group-learning activity, one-credit-per-hour Regularly Scheduled Series (RSS) , one-credit-per-hour faculty development program, one-credit-per-hour single-delivery conference, scientific assembly, congress or similar event [excludes satellite symposia and ancillary sessions])

47B. **Quality Criterion 1 – Needs Assessment and Practice Relevance**

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| --- | --- |
| 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
 |
| Describe | * If this program was Mainpro/Mainpro+ accredited/certified in the past, describe how data collected from previous program evaluations was considered during the needs-assessment process.
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48B. **Quality Criterion 2 – Interactivity and Engagement**

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| Describe | * The learning formats used to support the learning objectives
* How the 25% interactivity requirement will be met
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49B. **Quality Criterion 3 - Incorporation of Evidence**

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| 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
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50B. **Quality Criterion 4 - Barriers to Change**

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

51B. **Quality Criterion 5 - Evaluation & Outcome Assessment**

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| --- | --- |
| Please describe | * How participants will evaluate both the series/event and the individual activities/sessions.
* How participants will evaluate individual presenters/speakers
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|  |  |

52B. Upload Requirements (one-credit-per-hour hospital or clinical rounds , one credit-per-hour journal club, one-credit-per-hour small-group-learning activity, one-credit-per-hour Regularly Scheduled Series (RSS) , one-credit-per-hour faculty development program, one-credit-per-hour single-delivery conference, scientific assembly, congress or similar 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 scientific planning committee and speakers (if speakers are known at time of application)
* Program Agenda with timing and interactivity
* Summary of previous event evaluations
* Copy of program/session evaluation form/format
* Program invitation or brochure
* Sponsor branding
* Tools used to facilitate needs assessment
* List of intended topics for discussion
* Speaker communication template (required only if activity has speakers)
* Other
 |