THE 6 MAINPRO+ QUALITY CRITERIA

NOTE: UBC CPD is limited to certifying activities at the 1 credit per hour level only unless they are internally developed by UBC CPD (for which each level must meet previous levels' requirements as well).

QUALITY CRITERION 1:

Needs Assessments (NA) and Practice Relevance

Credit Per Hour	Certification Requirements

1 credit per hour	• An indirect NA of target audience is used to guide program development and
	  ○ Determine prior knowledge and practice experience
	  ○ Identify both perceived and unperceived needs
	• Learning objectives are ties to NA results
	• NA addresses physician competency through CanMEDS-FM role(s)
	  ○ FM expert, professional, communicator, collaborator, manager, health advocate, scholar

2 credits per hour	• NA sample is representative of the intended target audience • NA identifies gaps in physician competence in at least one CanMEDS-FM competency area
3 credits per hour	• NA is performed on *actual participants* • Includes measures of gaps in knowledge, competence, or performance based on *data from practice* • Identifies gaps in physician competence in multiple CanMEDS-FM competency areas beyond FM Expert role

Notes:

- Demonstrate a *valid* professional practice gap from which the educational needs are identified.
- Surveys indicating physicians are interested in *improving care* or *enhancing knowledge, skills, performance* with respect to a given disease or course of treatment do not demonstrate a valid professional practice gap
- Establish the learning gap has been used as the basis of the program through the development of learning objectives that clearly define how the program will improve physician competence/ performance/patient outcomes
- All programs must be relevant to the overall practice of family medicine:
  - Fosters improved patient care
  - Addresses at least one of the four principles of family medicine. 1) The family physician is a skilled clinician, 2) family medicine is a community-based discipline, 3) the family physician is a resource to a defined practice population, 4) the patient-physician relationship is central to the role of the family physician.
  - Within the scope of practice for family physicians
  - Has content and concepts that are evidence-based and/or generally accepted by the Canadian medical community

- The most useful NAs are those where multiple methods are utilized to identify educational needs linked to improved patient care
- Different types of learning needs:
  - Self-recognized or perceived: *I know what I want and need to know*
  - Unknown to the learner or unperceived: *I don't know what I don't know*
  - Miscalculated or misperceived: *I think I know something I don't*
  - Emergent needs: *I have new info, I want or need to learn something else instead of, or in addition to what I am learning now*
- Perceived needs strategies
  - Survey, interview, focus group interview, key informant, representative planning committee, meetings with colleagues, evaluation of previous CPD activity
- Unperceived needs strategies
  - Knowledge test, chart audit, critical incident reports, duplicate prescription/health care diary, expert advisory group, patient feedback, direct observation of practice performance
- The planning committee should be asked the following questions:
  - How common is the need among the target audience?
  - How many different assessment sources indicate this need?
  - How significantly will the unfulfilled learning need hinder health care delivery?
  - How directly is the need related to actual physician performance?
  - How likely is it that a CPD activity will improve practice behaviour?
  - Are sufficient resources available to effectively address this topic?
  - How receptive will the target audience be to a session on this topic?

EXAMPLES

Literature search
Evaluation feedback
Survey
EMR data
Incident reports
Referral patterns
Interview
Knowledge test

QUALITY CRITERION 2:

Interactivity and Engagement

Credit Per Hour	Certification Requirements
1 credit per hour	• At least 25% of the program is conducted in an interactive manner

2 credits per hour	• Learner engagement goes beyond Q & A
	• Include opportunities to engage with each other, facilitators, and material
	  ○ Self-Learning: requires engagement with facilitators and materials only
	• Component of the activity is based on small groups or workshops
	  ○ Self-Learning: case-based learning component instead of small-group

3 credits per hour	• Must be based on (ie. nearly all) small group learning ○ Self-Learning: case-based or immersive scenario learning • Program includes activities that can be applied to participants' practices

	• Program includes formal reflection on application of leaning to practice over a realistic time period to assess practice change
Notes: Interactivity can be: ○ Audience-based data collection tools ○ Case studies ○ Quizzes ○ Small-group discussion ○ Simulation-based activities ○ Immersive learning ○ Activities that can be applied to participants' practices	

QUALITY CRITERION 3:

Incorporation of Evidence

Credit Per Hour	Certification Requirements
1 credit per hour	• Provide an outline of evidence used to create content and include references in materials (authors, article title, journal, year, volume, and page numbers) ○ Evidence should come from systematic review/meta-analyses of studies or single, moderate-sized, well designed RCTs or well-designed, consistent, controlled but not randomized trials or large cohort studies ○ Lack of evidence for assertions or recommendations must be acknowledged ○ If a single study is the focus or select studies are omitted, rationale to support the decision must be provided ○ Graphs or charts cannot be altered to highlight one treatment or product ○ Both potential harms and benefits should be discussed; an efficient way to present this to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as absolute and relative risk reductions
2 credits per hour	• Reflect patient-oriented outcomes (outcomes a patient can feel and experience) and avoid surrogate outcomes (lab values serving as reliable substitute eg. blood sugar reduction for diabetes therapy efficacy) • Include Canadian-based evidence where it exists
3 credits per hour	• Include opportunity 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
Notes: • Clinical component of the program is valid and represents best available and most up-to-date evidence • Must include references	

QUALITY CRITERON 4:

Addressing Barriers to Change

Credit Per Hour	Certification Requirements
1 credit per hour	• Educational design includes discussion of commonly encountered barriers to practice change
2 credits per hour	• Educational design includes discussion on approaches to overcoming these barriers
3 credits per hour	• Asks actual participants to identify barriers to change • Discusses barriers and approaches to overcoming barriers

Notes:

- Understanding of barriers- real and perceived- to practice change
- i.e. negative personal and professional beliefs, financial disincentives, or lack of institutional support
- Identification of barriers can take a number of forms
  - Learn from key individuals with the knowledge, authority, and skills to speak to implementation of the innovation
  - Observe individuals in practice, especially for routine behaviours
  - Use a questionnaire to explore the individuals' knowledge, beliefs, attitudes and behaviour
  - Brainstorm informally in small groups to explore solutions to a problem
  - Conduct a focus group to evaluate the current practice and explore new ways of working
- Common barriers to physician change
  - Knowledge: lack of awareness or lack of familiarity with the content of guidelines or recommendations; lack of awareness of recent finding, evidence, techniques
  - Attitude: disagreement with new recommendations or guidelines; lack of outcome expectancy; lack of motivation to change; lack of belief in one's ability to perform a behaviour
  - Behavioural: difficulty in recalling proposed intervention when needed; no place established for learning in usual routine of care; little to no opportunity to use new intervention, due to patient profile caseload
  - Organizational: process-relation barriers within health care system; financial constraints on implementing change; lack of time or opportunity to implement recommendations
- Interventions
  - Educational outreach
  - Academic detailing
  - Reminder systems (chart reminders, follow-up communication, feedback requests)
  - Audit and feedback
  - Patient-mediated interventions
  - Practice tools
  - Timed follow-up
  - Informal consultations

QUALITY CRITERION 5:

Evaluation and Outcome Assessment

Credit Per Hour	Certification Requirements
1 credit per hour	• Measures are included to assess self-reported learning or change in what participants know or know how to do as a result of the CPD program. (See Evaluation questions)
2 credits per hour	• Includes an objective measurement of change in knowledge for the learner • Provides opportunity for participants to evaluate change in CanMEDs-FM competencies
3 credits per hour	• Includes an objective measurement of change in performance for the learner • Opportunity to evaluate change in all CanMEDs-FM competencies identified in the learning objectives

Notes:

- Change that occurs as a result of an educational intervention, particularly performance, patient health, and community health is a more valuable measure of program success
- Change as a direct result of an educational intervention can be very difficult to assess. Outcome assessment framework beyond declarative or procedural knowledge
  - Competence: observation of performance in the educational setting, commitment to change report
  - Performance: review of patient charts, observation in a simulated clinical setting, self-report of performance
  - Patient health: changes in health status of patients as recorded in charts or as self-reported by patients
  - Community health: data gleaned via epidemiology reports/studies or via self-reports by communities

QUALITY CRITERION 6:

Reinforcement of Learning

Credit Per Hour	Certification Requirements
1 credit per hour	• Not required
2 credits per hour	• Incorporates one or more validated strategies to reinforce and/or facilitate continued learning
3 credits per hour	• Incorporates two or more validated strategies; ideally administered at staggered time intervals (eg. 6 AND 12 weeks)

Notes:

- Educational interventions provide greater impact for learners when learning occurs over a continuum of time versus during a single, finite period or session
- Reinforce and facilitate continued learning because:
  - Encourage participants to reflect upon what they have gained from completing the educational intervention and how it might affect, or has affected their practice
  - Provide opportunities for participants to continue a dialogue with colleagues and/or faculty after having had the opportunity to apply new knowledge skill, or attitudes in practice

    - Help with recall and retention- both of which can be challenging given the workload of the average family physician
- For three credits per hour, participants must not receive documentation of program completion, such as a certificate, until the reinforcement-type activity or activities have been completed and returned
- EXAMPLES of post-program and learning reinforcement activities:
    - Post-program teleconference
    - Open-ended questionnaire
    - Commitment to change contract with follow up
    - Chart audit and feedback
    - Performance or knowledge test
    - Post-reflective exercise