



# **ACTIVITY** CATEGORIES

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#### **CERTIFIED ACTIVITIES**

MAINPRO+ PARTICIPANTS MUST EARN AT LEAST 125 CERTIFIED CREDITS DURING A REPORTING CYCLE.

**NON-CERTIFIED ACTIVITIES** 



- MAINPRO+™ Certified Group Learning activities bearing the CFPC Certification statement (conferences, medical rounds, interactive webinars, journal clubs)
- Mainpro+ Certified small group activities (eg, Practice Based Small Group Learning) [PBSGL]
- American Academy of Family Physicians (AAFP) Formal Prescribed credits
- American Medical Association (AMA) PRA Category 1 Credits<sup>™</sup> (maximum 50 credits per cycle\*)
- Advanced Life Support (ALS) programs (including ALARM)
- MOREOb Plus program
- Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Accredited Section 1 activity credits (maximum 50 credits per cycle\*)
- Other (non-certified) educational conferences, medical rounds, webinars
- Other (non-certified) small group activities
- AAFP Elective credits
- Royal College of Physicians and Surgeons of Canada section 2 credits

PROMOTIONAL MEETINGS OR EVENTS ARE NOT ELIGIBLE FOR NON-CERTIFIED CREDITS.



- MAINPRO®+ Certified Self Learning activities bearing the CFPC Certification statement
- CFPC Self Learning® program
- Canadian Family Physician (CFP) Mainpro+ articles
- Online CPD (eg, InfoPOEMs, e-Therapeutics, UpToDate, DynaMed)
- Formal clinical traineeship
- Formal studies/university degree
- AAFP self-learning activities
- · Linking Learning to Practice
- · Linking Learning to Teaching
- Linking Learning to Research
- Linking Learning to Administration

- Developing curriculum for a medical education event or activity
- Educational planning
- Committee participation
- Self-study using enduring materials (podcasts, monographs, audio/videotapes, eLearning modules, etc.)
- Journal reading
- Teaching activities (clinical or academic)
- Preparing for and presenting at conferences, speaking engagements, lectures
- Preparing/submitting manuscripts for publication



- MAINPRO®+ Certified Self-Assessment activities bearing the CFPC Certification statement
- CFPC Examination of Special Competence in Emergency Medicine—CCFP (EM)
- American Board of Family Practice (ABFP) Certification or Recertification Examination
- American Board of Emergency Medicine (ABEM) Certification or Recertification Examination
- Linking Learning to Assessment
- Pearls™
- Pearls.ce/Alternative Route to Certification (ARC) Pearls
- Examiner for major medical examinations such as the Certification Examination in Family Medicine, the CCFP (EM) examination, or the LMCC
- Provincial practice review and enhancement programs
- Practice Audits/Quality assurance programs

- · Review of learning materials
- Family medicine curriculum review
- Manuscript review for medical journals
- · Review of clinical practice guidelines

### **Quality Criteria Framework**







**Needs Assessment** and Practice Relevance

Indirect assessment of

target audience's needs

development and to

obtain information on

✓ Learning objectives tied to needs assessment results

prior knowledge and practice experience

✓ Needs assessment addresses physician

competency through

CanMEDs-FM roles

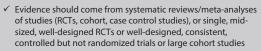
are used to guide program



✓ Minimum 25% of the program is conducted in an interactive manner



✓ An outline of the evidence used to create the content must be provided and references must be included within materials



- Lack of evidence for assertions or recommendations must be acknowledged
- ✓ If a single study is the focus or select studies are omitted developers must provide rationale to support this decision
- Graphs and 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 number needed to treat/ harm (NNT, NNH), or absolute and relative risk reductions



✓ Educational design includes discussion of commonly to practice change



**CRITERION 6** Reinforcement of Learning

Not required for 1 CR/hr

encountered barriers

✓ Measures are included to assess selfreported learning or change in what participants know or know how to do as a result of the CPD program

## Must meet 1 credit per hour requirements and include the following:



CREDIT PER HOUR

- ✓ Needs assessment sample is representative of intended target audience, enhancing applicability of program content
- ✓ Needs assessment identifies gaps in physican competence in at least one CanMEDS-FM competency area
- Between 25 50% of the program is interactive
- Learner engagement goes beyond audience Q & A
- Includes opportunities for participants to engage with each other, facilitators, and material being taught (Self-Learning: engage with facilitators and material only)
- A component is based on small groups or workshops (Self-Learning: case-based component instead)

- Content must reflect patient-oriented outcomes and avoid surrogate outcomes
- ✓ Canadian-based evidence should be included where it exists

✓ Educational design includes discussion on approaches to overcoming these barriers

✓ Program includes an objective measurement of change in knowledge

Note: UBC CPD can only certify for 1 cr/hr

- √ Program provides opportunity for participants to evaluate change across multiple CanMEDS-FM competencies (as identified in learning objectives)
- ✓ Incorporates one or more validated strategies to reinforce and/or facilitate continued learning

#### Must meet 1 and 2 credit per hour requirements and include the following:

\*\*\*PLEASE NOTE: ALL CRITERIA LISTED ARE MANDATORY REQUIREMENTS FOR 3 CR/HR



- Needs assessment 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
- Program must be based on small-group learning (Self-Learning: casebased or immersive scenarios)
- 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

- ✓ Program design must include the opportunity for participants to seek, appraise, and apply best-available evidence
- Solicits barriers to change from actual participants
- ✓ Discusses barriers and approaches to overcoming barriers
- Objective measurement of change in competence and/or clinical performance and/or patient outcomes for all learners
- Opportunity to evaluate change in all CanMEDs-FM competencies identified in the learning objectives

Incorporates two or more validated strategies; ideally administered at staggered time intervals (eg. 6 and 12 weeks)