

# APPLICATION FOR COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) MAINPRO+ CREDITS

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## PROGRAM DETAILS

Type and number\* of credits sought for this CPD Activity

Credit Type	# credit hours
<input type="checkbox"/> Mainpro+ Group Learning credits	<input type="text"/>
<input type="checkbox"/> Mainpro+ Assessment Credits	<input type="text"/>

*\*Number of credits requested is the number of hours of learning activity, excluding lunch and breaks.*

Title of CPD activity	<input type="text"/>
Venue/Location	<input type="text"/>
Date(s)	<input type="text"/>
Frequency (if more than once)	<input type="text"/>
Number of Participants	<input type="text"/>

### Previous Applications

Has this organization received accreditation or certification from UBC CPD before? ☐ Yes ☐ No

If "Yes" selected above, please list date(s) and name(s) of recently accredited/certified programs.

### Expedited

Is this application expedited (processing under 4 weeks)? See [Fees](#) for options. ☐ Yes ☐ No

# ETHICAL STANDARDS

## Physician Organization

The CPD Activity must be developed by the physician organization requesting accreditation/certification. The physician organization develops the CPD Activity from needs assessment through to evaluation, is responsible for finances, selecting topics, content and presenters based on target audience needs, ensures the scientific validity and objectivity of the program, and appoints a Scientific Planning Committee (SPC).

Please confirm that this organization fits the stated definition of a [Physician Organization](#):

- ☐ Yes, this organization fits the stated definition of 'Physician Organization'  
☐ No, the organization does not fit the stated definition of 'Physician Organization'

*Warning: If no, this activity will not comply with the Accreditation/Certification Standards and this application cannot proceed.*

Name of physician organization that developed the CPD Activity:

**Name of Physician  
Organization**

**Address**

**Email**

**Phone**

**Website**

### UBC FoM

Is the physician organization a Department or Division within the University of British Columbia (UBC) Faculty of Medicine?

- ☐ Yes, the physician organization a UBC FoM Department or Division  
☐ No, the physician organization is not a UBC FoM Department or Division

### For Mainpro+: UBC FoM Affiliation

Is this a UBC-Affiliated CPD activity, denoted by a UBC Faculty of Medicine member on the SPC?

- ☐ Yes, there is a UBC Faculty of Medicine member representing UBC CPD  
☐ No, there is no UBC Faculty of Medicine member on the SPC

*Warning: If no, this activity will not comply with the Accreditation/Certification Standards and this application cannot proceed.*

### Co-Development

Is this CPD Activity being co-developed?

- ☐ Yes, this CPD Activity has been co-developed and the physician organization is fully responsible
- ☐ No, this CPD Activity has not been co-developed

If yes, enter the name of the **Co-Developing Organization**:

### Scientific Planning Committee (SPC)

#### Accountable Physician

The accountable physician is the chair or member of the SPC representing the physician organization.

**Name** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Tel/Email** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Tel/Email** \_\_\_\_\_

List all members of the SPC, including their medical specialty or health profession. SPC membership must include one or more active member(s) of the College(s) for respective credit categories requested, and be representative of the target audience. UBC CPD requires a minimum of two physicians to sit on the SPC.

Names of SPC members	List specialty/family physician, or other health profession

## Control of Content

### Control of Content

Describe the process by which the SPC maintained control over the CPD program elements including: needs assessment, development of learning objectives, selection of educational methods, speakers, moderators and facilitators, development and delivery of content, and evaluation of outcomes:

### Validity and Objectivity

Describe the process used to ensure the content developed for this activity is scientifically valid, objective, and balanced across relevant therapeutic options?

### Informing Faculty of Standards

What is the process to inform persons involved with developing and delivering CPD content (e.g. speakers, moderators, facilitators, instructors, authors) of the accreditation/certification standards for which they are responsible? (Eg. [Speaker Letter](#))

## Disclosures

### Disclosures of SPC

Outline the scientific planning committee's process for the collection and management of each others' financial relationships, including consideration of how they might be relevant to the CPD activity. Describe how this information is collected and disclosed to the physician organization and to learners attending the CPD activity.

Outline the scientific planning committee's process for the collection and management of the relevant financial relationships of speakers, authors, moderators, and facilitators. Describe how this information is collected and disclosed to learners attending the CPD activity.

### COI Management

How are conflicts of interests handled?

## Financial Accountability

### Budget

*Please submit the program budget with the application detailing all revenue (eg. registration and sponsorship) sources and expenses. Include any departmental/internal coverage for or in-kind support.*

### Financial Accountability

Does the physician organization retain overall accountability for the finances of the activity?

- ☐ Yes, the physician organization retains overall accountability for the finances
- ☐ No, the physician organization does not retain overall accountability for the finances

*Warning: If no, this activity will not comply with the Accreditation/Certification Standards and this application cannot proceed.*

### Payment Process

Are payments of travel, lodging, and/or honoraria for SPC members, speakers, moderators, and/or facilitators made by the physician organization alone?

- ☐ Yes, the physician organization makes the payments
- ☐ No, the physician organization does not make the payments

If the responsibility for payments is delegated to a non-profit third party, please describe how the physician organization retains overall accountability for these payments:

### Revenue

What is the intended purpose for any generated revenue?

### Departmental/Internal Funding

Is this program internally funded or receive departmental support? (ie. program costs are fully or partially covered by the physician organization)

- ☐ Yes  
☐ No

### Registration Fee

Enter the approximate range of fees expected. (A registration fee must be charged when a CPD Activity has commercial support.)

### Sponsorship

Has any financial or in-kind support been solicited from any for-profit or not-for-profit sponsors for this CPD activity?

- ☐ Yes  
☐ No

*If no SKIP to PLANNING*

### UBC CPD Guidelines for Support

Have the UBC CPD Guidelines for Support been adhered to in preparing for this CPD activity?

- ☐ Yes  
☐ No

### Non-Compliance Process

All accredited/certified CPD activities must comply with the **UBC CPD Guidelines for Support**, which reflect the National Standard. If the SPC identifies that the content of their CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?

### Confidentiality and Copyright

Has the physician organization ensured that their interactions with sponsors/supporters have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?

- ☐ Yes  
☐ No

### Sponsorship Agreements

Have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement (or MOA) that is signed by the physician organization and the sponsors?

*Please submit a copy of the sponsorship agreement with the application.*

- ☐ Yes  
☐ No

### Unapproved activities

What strategies were used by the scientific SPC or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled?

### Sponsorship Type: Not for Profit

Has support for this CPD activity been solicited from one or more not-for-profit sponsors?

- ☐ Yes, one or more not-for-profit organizations have supported this program  
☐ No not-for-profit organizations have sponsored this program

*If no, SKIP to FOR Profit*

### Not for profit support sources

Please check all sources of financial or in kind support that apply:

- ☐ Government grant  
☐ Health care facility  
☐ Not-for-profit organization  
☐ Other please specify \_\_\_\_\_

**Not for Profit Support Amounts**

Detail any not-for-profit support for this CPD activity, including the name of and amount of funding provided (or in-kind support) from each organization in the budget.

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**Sponsorship Type: FOR Profit**

Has support for this CPD activity been solicited from one or more for-profit sponsors?

- ☐ Yes, one or more for-profit companies have supported this program  
☐ No for-profit companies have sponsored this program

*If no, SKIP to Educational Standards*

**Sponsorship Sources**

Please check all sources of sponsorship that apply:

- ☐ Pharmaceutical companies  
☐ Medical Device company  
☐ For-profit organization  
☐ Other please specify \_\_\_\_\_

**Sponsorship Amounts**

*List the sponsoring company names and amounts (or indicate use of loaned equipment) in the budget.*

**Sponsorship Prospectus**

*Please submit the sponsorship prospectus with the application.*



### Sponsorship Opportunities and Prospectus

*The sponsorship prospectus outlines the opportunities for supporting the CPD activity and is included with the sponsor invite. Please submit the sponsorship prospectus/invite with the application.*

What opportunities are being offered to sponsors for supporting this CPD activity?

Please select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Table in exhibit area                               | <input type="checkbox"/> Thanked in opening remarks (unaccredited time)      |
| <input type="checkbox"/> Tiered support (eg. gold, silver, etc.)             | <input type="checkbox"/> Grant only  |
| <input type="checkbox"/> Acknowledged on a poster, away from education       | <input type="checkbox"/> A few representatives may attend, non-participating |
| <input type="checkbox"/> Acknowledged in syllabus, separated from education  | <input type="checkbox"/> None of the above                                   |
| <input type="checkbox"/> Acknowledged in loop slides during breaks and lunch | <input type="checkbox"/> Other _____   |

### Exhibit Hall / No Exhibit Hall

The separation of education and promotion is achieved onsite by a geographically separate exhibit hall. Commercial exhibits must be arranged in a location that is clearly and completely separated from an accredited and/or certified CPD activity. **NOTE: In cases where there is no exhibit hall and only a few representative are attending, the following elements must still be in place:**

- The proportion of representatives is minimal
- Representatives must be clearly identified on their name badges so there is a visible difference between them and the physicians/other health care provider participants
- Representatives can go into the learning space but only as observers
- Representatives cannot market products at any point during the event (exhibit hall excepted)
- Representatives cannot complete evaluation forms or be considered in needs assessments

The SPC is responsible to communicate the above requirements to the pharmaceutical representatives and ensure that there is no participation in the education in order to protect the event from industry influence.

What arrangements are used to separate commercial exhibits in a location that is clearly and completely separated from the accredited CPD activity? Or, if no exhibits, how are the above elements managed onsite?

## PLANNING

### Target Audience

Please enter the specific target audience for this CPD activity. Select from list: [ubccpd.ca/accreditation/target-audience](http://ubccpd.ca/accreditation/target-audience)

*If applicable, please indicate if this course is also intended to include other health professionals.*

### Speaker Selection

What process did the SPC use to select the presenters?

### Learning Format

What learning methods were selected to help the CPD activity meet the stated learning objectives?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Journal Club         |
| <input type="checkbox"/> E-learning | <input type="checkbox"/> Seminar Series       |
| <input type="checkbox"/> Simulation | <input type="checkbox"/> Self-Assessment Tool |
| <input type="checkbox"/> Workshop   | <input type="checkbox"/> Rounds (for M+ only) |

If Mainpro+ hospital or clinical rounds selected above, is the SPC accountable to the head of the department, chief of staff, or equivalent?

### Development of Objectives

How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?

For example:

- Did the SPC use the needs assessment results to define the learning objectives for the speakers?
- Did the SPC share the needs assessment results with the speakers for them to develop the learning objectives?

### Learner-centered Objectives

List the learning objectives for the overall CPD Activity and for individual sessions (or upload with program agenda). See proper format: [ubccpd.ca/accreditation/learning-objectives](http://ubccpd.ca/accreditation/learning-objectives)

## QUALITY CRITERIA

### Quality Criterion 1: Needs Assessment & Practice relevance

#### Needs Assessment Strategies

What needs assessment strategies were used to identify the learning needs (perceived/unperceived) of the target audience? Check all that apply:

#### Perceived Needs

*Self-recognized:*

- ☐ Survey
- ☐ Interview
- ☐ Focus Group Interview
- ☐ Key Informant,
- ☐ Representative SPC
- ☐ Meetings with Colleagues
- ☐ Evaluation of Previous CPD Activity
- ☐ Other \_\_\_\_\_

#### Unperceived Needs

*Unknown to the learner:*

- ☐ Knowledge test
- ☐ Chart Audit
- ☐ Critical Incident Reports
- ☐ Duplicate Prescription/ Health Care Diary
- ☐ Expert Advisory Group
- ☐ Patient Feedback
- ☐ Direct Observation of Practice Performance
- ☐ Data from Electronic Medical Records (EMR)
- ☐ Provincial and national datasets
- ☐ Other \_\_\_\_\_

#### Learning Gaps

What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the SPC identify from the needs assessment for this activity?

#### Needs Assessment Tools

*Please submit the summary of the needs assessment with the application.*

### CanMEDS/CanMEDS-FM Roles

Which CanMEDS/CanMEDS-FM competencies are addressed in the development of learning objectives?

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Medical/Family Medicine Expert | <input type="checkbox"/> Health Advocate |
| <input type="checkbox"/> Communicator                   | <input type="checkbox"/> Professional    |
| <input type="checkbox"/> Collaborator                   | <input type="checkbox"/> Scholar         |
| <input type="checkbox"/> Leader                         |  |

### Practice Relevance

Indicate how the program addresses practice relevance.

## Quality Criterion 2: Interactivity & Engagement

### Interactivity (Group Learning)

*(For Assessment credits, skip this question)*

What learning methods were selected to incorporate a minimum of 25% interactive learning?

### Assessment Activities

*(For Group Learning credits, skip this section)*

*Interactivity component not required for assessment programs.*

*Validate the number of credit hours by having a few physicians complete the activity and take an average time.*

Describe the process that that allows participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes (eg. skills lab, simulation, web based assessment tools, etc.)?

If live: Will individualized feedback be provided to participants on their performance to enable the identification of any areas requiring improvement? Explain how.

If online: Does the program provide participants with responses justifying the appropriate answer?

Are learners provided with a reflective tool to develop of a future learning plan? Please attach a copy of the reflective tool.

Describe how the references/resources for further information are provided to participants.

### Quality Criterion 3: Incorporation of Evidence

#### Content Development

State the sources of information selected by the SPC to develop the content of this activity:  
(E.g. scientific literature, clinical practice guidelines, etc.)

#### Incorporation of Evidence (Quality Criterion 3)

How are presenters instructed to provide references within presentations to evidence used to create the content?

### Quality Criterion 4: Addressing Barriers to Change

Which of the following commonly encountered barriers to practice/physician change does the educational design address?

- ☐ Knowledge
- ☐ Attitude
- ☐ Behavioural
- ☐ Organizational

#### Addressing Barriers to Change

How and where/when does this program address commonly encountered barriers to change relevant to the program content?

### Quality Criterion 5: Evaluation & Outcomes Assessment

#### Evaluation Strategy

How will the overall group learning activity and individual sessions be evaluated by participants?

#### Evaluation Form

Have the following questions been included in the evaluation form?

- ☐ Yes      ☐ No

- I. Did the program meet the stated learning objectives? Yes No
  - II. Did you perceive any bias, whether industry or other, in any part of the program? Yes No | If yes, please explain:
  - III. Reflecting on the program content, I am motivated to change my practice in the following ways: Text response
- (Optional) Did the program content offer balanced views across all relevant options related to the content area?
- (Optional) Can you identify any barriers to incorporating what you learned today into your practice?

**Outcomes Assessment**

What measures are in place for participants 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?

**Healthcare Outcomes (*Optional*)**

If the evaluation strategy intends to measure improved health care outcomes, please describe.

## DECLARATIONS

Formal declarations are made by Scientific Planning Committee (SPC) members to confirm that they have understood and have agreed to be responsible for the CPD program which they are developing and delivering, and the application being submitted. The declaration signature forms can be found online at [ubccpd.ca/accreditation/declarations](http://ubccpd.ca/accreditation/declarations).

### Accountable Physician

The Accountable Physician is the Chair or member of the Scientific Planning Committee (SPC) representing the Physician Organization, and as such agrees to assume ultimate responsibility for upholding the accreditation/certification standards outlined in this document and for following the UBC CPD Guidelines for Support in preparing and implementing the CPD activity for MOC and Mainpro+ credits.

### CFPC Member

The CFPC member represents the target audience of family physicians and certifies that they are a family physician residing in the province where the CPD Activity is being held and have had substantial input into the planning and development of the CPD Activity for Mainpro+ credits.

### UBC Faculty of Medicine Member

The UBC Faculty of Medicine physician member represents UBC CPD on the Scientific Planning Committee (SPC) for Mainpro+ credits by ensuring that the certification standards have been upheld, certifying that they are a member of the UBC FoM and that they have had substantial input into the planning and development of the CPD Activity for Mainpro+ credits.



## ATTACHMENTS

**NEW: Needs Assessment** tools, summary, results

**NEW: Declaration Forms**

**Disclosures of SPC**

**Budget**

**Agenda/Brochure/Registration form**

**Evaluation form**

**Speaker Letter**

**Certificate sample**

**Sponsorship Prospectus/Invite**

**NEW: Sponsorship Agreement sample**

**Assessment Activity tools** (If applying for assessment credits): *Attach a copy of or link to the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants.*

## DECLARATION OF ACCOUNTABLE PHYSICIAN

The Accountable Physician is the Chair or member of the Scientific Planning Committee (SPC) representing the Physician Organization, and as such agrees to assume ultimate responsibility for upholding the accreditation/certification standards and for following the UBC CPD Guidelines for Support in preparing and implementing the CPD activity.

### Ethical Standards

- The physician organization is accountable for the program in its entirety and assumes responsibility for finances, topics, content and presenters, and ensures the scientific validity and objectivity of the program
- A scientific planning committee (SPC) has been appointed by the physician organization, representative of target audience including RCPSC specialist(s) and/or CFPC family physician(s)
- SPC does not include any representative of commercial interests, and ensures there is no industry influence over topics, content or speaker selection
- If co-developed, the physician organization maintains control over all aspects of the planning and finances
- SPC meeting minutes are kept, with dates and attendees
- Faculty are informed of accreditation/certification standards (eg. speaker letter)
- Content and materials meet professional standards and legal requirements, including the protection of privacy, confidentiality and copyright
- All presentations are submitted in time for content review by SPC
- Budget details expenses, revenue, and plan for surplus or deficit
- Disclosure forms are completed by the SPC and submitted to UBC CPD for review
- The SPC reviews the disclosures completed by the presenters and ensures appropriate [conflict of interest management](#)
- Presenters use 2-step disclosure to participants, both in slides (disclosure, management) and verbally
- All disclosures of both planners and presenters are summarized and made available to all participants (eg. program website, page in program, etc.) for transparency
- Unaccredited/uncertified activities are listed separately, and announcements of them should not be distributed to participants by the physician organization
- A registration fee must be charged when a CPD Activity has commercial support
- Sponsorship follows the UBC CPD Guidelines for Support. If commercial sponsorship, the prospectus outlines all sponsorship opportunities, and sponsorship agreements are created, signed and countersigned

### Educational Standards

- Needs assessment of the target audience has been conducted by the SPC to inform content development
- Group Learning includes minimum 25% interactivity overall OR Assessment activities assess learner knowledge or performance
- Learner-centered objectives are developed for overall program and individual sessions, address identified needs, and are included in program materials
- Agenda is confirmed and credit hours counted
- Presenters include references in their presentations of evidence used to create content
- Barriers to change are discussed in educational design (*Mainpro+ only*)
- Proper evaluation is conducted and includes opportunity for participants to assess bias, learning objectives, balance and reflect on practice impact and used by SPC to inform future needs assessments

### Administrative Standards

- All participants must be able to register and receive a receipt or record of registration, and attendance records are kept by the physician organization for 6 years
- [Certificates](#) including the appropriate approval statement(s) are provided to all attendees

### DECLARATION

☐ I accept responsibility for upholding the Accreditation/Certification Standards outlined in the UBC CPD Planning Guide on behalf of my Physician Organization.

☐ I certify that the [UBC CPD Guidelines for Support of Accredited/Certified CPD Activities](#) have been met in preparing for this CPD Activity.

X

Signature of Accountable Physician

Date



## DECLARATIONS FOR MAINPRO+® CREDITS

### DECLARATION OF UBC FACULTY OF MEDICINE MEMBER

In order for the University of British Columbia, Faculty of Medicine, Division of Continuing Professional Development (UBC CPD) to provide Mainpro+ Certification, a UBC Faculty of Medicine physician needs to be significantly involved in the planning, organization, development and implementation of the program, as stipulated by the College of Family Physicians of Canada (CFPC), effectively representing UBC CPD.

In this role, the UBC Faculty of Medicine Member:

- Represents UBC CPD on the Scientific Planning Committee (SPC) for Mainpro+ credits
- Contributes the consideration of learning needs, the determination of learning objectives, development of program content, and the choice of speakers or presenters
- Stays informed of any financial or non-financial incentives associated with the program
- Ensures the CPD activity adheres to certification standards
- Ensures the CPD activity adheres to the ethical standards in the [UBC CPD Guidelines for Support](#)

NAME: \_\_\_\_\_ UBC FoM DEPT: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ TEL: \_\_\_\_\_

### DECLARATION

- ☐ I certify that I am member of the UBC Faculty of Medicine.  
☐ I have had substantial input into the CPD activity being submitted for certification.  
 The content of the CPD activity meets the requirements above.

**X**

Signature

Date

### DECLARATION OF CFPC FAMILY PHYSICIAN MEMBER

In order for UBC CPD to provide Mainpro+ Certification, a member of the College of Family Physicians of Canada (CFPC) residing in the region or province where the CPD activity is being held, needs to represent a target audience of family physicians by being significantly involved in the planning, organization, development and implementation of the program as stipulated by the CFPC. In this role, the CFPC member verifies having had substantial input into the program by:

- Being a member of the Scientific Planning Committee (SPC)
- Representing target audience of family physicians by ensuring the content is relevant to family medicine
- Contributing the consideration of learning needs, the determination of learning objectives, development of program content, and the choice of speakers or presenters
- Being informed of any financial or non-financial incentives associated with the program

NAME: \_\_\_\_\_ MEMBER CFPC# \_\_\_\_\_  
EMAIL: \_\_\_\_\_ TEL: \_\_\_\_\_

### DECLARATION

- ☐ I certify that I am a family physician of the College of Family Physicians of Canada (CFPC), residing in BC.  
☐ I have had substantial input into the CPD activity being submitted for certification.  
☐ The content of the CPD activity is relevant to family physicians in BC.

**X**

Signature

Date