CONTINUING PROFESSIONAL DEVELOPMENT PLANNING GUIDE

Standards for Accreditation and Certification with UBC CPD

"The formation of competent clinicians does not end after undergraduate and postgraduate training. It requires a seamless and lifelong commitment to continuing education and training to foster optimal practice."

UBC CPD Strategic Plan 2017-2022

CPD PLANNING GUIDE

Dear Colleagues,

The UBC Division of Continuing Professional Development (UBC CPD) within the UBC Faculty of Medicine has a mandate to provide physicians and other health care professionals with the highest quality CPD to improve care for patients and better population health.

> ### *UBC CPD Mission*
>
> *To research, develop, implement, and evaluate continuing professional development (CPD) initiatives for physicians and other health professionals to optimize clinical practice and the delivery of patient care in order to improve health outcomes. As an academic unit, UBC CPD follows and contributes to best practices in CPD, including quality and practice improvement in BC and at national and international levels.*

UBC CPD is accredited by and adheres to the standards of the Committee on Accreditation of Canadian Medical Education (CACME) and is therefore able to provide study credits to physicians for continuing professional development learning activities on behalf of the Royal College of Physicians and Surgeons of Canada (RCPSC), and the College of Family Physicians of Canada (CFPC). UBC CPD accredits and certifies hundreds of CPD programs both internal and external to the UBC Faculty of Medicine each year.

In developing the CPD Planning Guide, UBC CPD has given consideration to policies and guidelines from the CFPC, the RCPSC, the Association of the Faculties of Medicine of Canada (AFMC), and the Committee on Accreditation of Continuing Medical Education (CACME). UBC CPD would like to expressly thank the McMaster University Continuing Health Sciences Education (CHSE) Program for providing permission to use and adapt their excellent *Guidebook for Planning, Developing & Delivering CHSE Activities.*

UBC CPD also offers a range of services in all aspects of planning, developing, delivering, evaluating and improving CPD activities. Please visit ubccpd.ca/services for more information.

This CPD Planning Guide provides all the requirements for successful accreditation and/or certification of a CPD activity in one user friendly document, including a checklist for a complete application package, signature pages, and support documentation.

The content, forms and documents outlined in this guidebook are an Open Educational Resources (OER) licensed under the Creative Commons Attribution License.

Please contact the UBC CPD Accreditation Coordinator, JoAnna Cassie, JoAnna.C@ubc.ca if you have any questions.

Yours in health,

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Medical Director, Program Standards
UBC Faculty of Medicine

Standards for Approval

A program is approved for credits when the ethical, educational and administrative standards have been met. The ethical and administrative standards are identical for both credit types from the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). Educational standards vary slightly for each of the two Colleges; in 2016, the CFPC developed a custom version of educational standards, called the Quality Criteria. The difference between the two is discussed under Educational Standards.

The standards for approval apply to group learning activities; some additional elements are required for assessment activities which are discussed in the Assessment Activities section under Educational Standards.

Accreditation vs Certification

Accreditation refers to the processes of obtaining RCPSC Maintenance of Certification (MOC®) credits. UBC CPD can accredit programs for MOC® Section 1 (Group Learning) and MOC Section 3 (Assessment) credits. Certification refers to the processes of obtaining CFPC Mainpro+® credits. UBC CPD can certify programs for Mainpro+® 1 cr/hr (Group Learning) or Mainpro+® 1 cr/hr (Assessment) credits.

Educational Consultation

The UBC CPD Accreditation Coordinator may provide an initial educational consultation to determine the suitability of a type of CPD activity for accreditation and/or certification. A customized overview of processes for developing a program in accordance with the standards can be provided.

Processing Time

Regular processing time is 4 – 6 weeks after receiving a complete application including all attachments and signatures. Please note that any missing elements will delay the process.

Applications received 2 – 4 weeks before the activity are processed as "expedited" with an additional expedited fee (see fee schedule). Applications received within 10 working days or less of an activity start date cannot be accepted.

Application Review Fees

A non-refundable fee is charged for application reviews (See fee schedule).

Credit Hours

Credit hours for MOC® Section 1 and Mainpro+® (1cr/hr) are one credit per hour. Credit value is assigned by counting up the educational hours, subtracting all breaks, lunch, social activities, networking, AGMs, poster viewing, and any unstructured learning time. The result is the number of the credits that a program is granted as the eligible maximum credit amount.

Credit hours for MOC® Section 3 are three credits per hour. The educational hours are counted the same way, and the credits are auto-tripled upon entry when they are claimed by the physician in the Royal College portal.

Credit Longevity

MOC® Section 1 and Mainpro+® Group Learning credits are good for one (1) year from activity start date. MOC® Section 3 Assessment credits may be approved for up to three (3) years.

Content Repeatability

Content may be repeated within an accreditation/certification period, but the content may not change post-approval (excluding rounds). New content requires a new application, regardless of the timeframe.

During the Review

No reference to MOC**®** or Mainpro+**®** credits may be made prior to the official approval. **Until an application has been approved, it is not permissible to indicate in marketing and communications that credits have been granted, applied for, or pending. The statement "to be advised", or similar, is not permitted.**

Post-Activity

The summary of yes/no responses to the industry bias question on the evaluations must be forwarded to UBC CPD within three months following the CPD activity.

UBC CPD Logo Use

Only activities that have been granted authorization by UBC CPD through the accreditation/certification review process may use the UBC CPD logo.

CREDIT TYPES

The most appropriate credit type can be determined by establishing the target audience, learning needs and learning format:

- Group Learning
  - o Participants learn from presenters and each other through minimum 25% interactivity (live events with group interactivity eg. conference, workshop, live webinar)
- Assessment
  - o Knowledge Assessment: Participants learn through a structured assessment of their knowledge (eg. Post test with feedback on correct/incorrect responses)
  - o Performance Assessment: Participants learn from specific feedback received from facilitators on their performance (eg. simulation with individualized feedback, online modules with post-test)

Shaded areas are credits that are available through alternate means (not available through UBC CPD).

Target Audience	Credit Type	Credit Category	Learning Format	Content and Frequency	Audience Range
Specialists	MOC® Section 1	Group Learning	Conferences, Workshops	Fixed; repeatable	Provincial or National
	MOC® Section 1	Group Learning	Seminar Series or Live Modules	Fixed; sequential or non-sequential	Provincial or National
	MOC® Section 3	Performance Assessment	Simulation	Fixed; repeatable	Provincial or National
	MOC® Section 3	Knowledge Assessment	Small Groups, Online Modules, eLearning	Fixed; repeatable	Provincial or National
	MOC® Section 1	*Group Learning*	*Rounds*- Register w Royal College*	*Dynamic; regularly scheduled*	*Provincial or National*
	MOC® Section 2	*Self-Learning*	*Self-claimed credits by specialists. Application not required*	*n/a*	*n/a*
Family Physicians	Mainpro+®1 cr/hr	Group Learning	Conferences, Workshops	Fixed; repeatable	Provincial
	Mainpro+® 1 cr/hr	Group Learning	Seminar Series	Fixed; sequential	Provincial
	Mainpro+® 1 cr/hr	Group Learning	Rounds	Dynamic; regularly scheduled	Provincial
	Mainpro+® 1 cr/hr	Assessment	Small Groups, Online Modules, eLearning	Fixed; repeatable	Provincial
	Mainpro+®	*Self-Learning*	*Self-claimed credits by family physicians. Application not required*	*n/a*	*n/a*
	Mainpro+® 2 & 3 cr/hr	*Assessment*	*Apply to CFPC ***	*Fixed; repeatable*	*Provincial or National*

* Specialist rounds must register directly with the Royal College. It should be noted that credits for MOC® rounds cannot be obtained through UBC CPD.
** Apply directly to the CFPC.

CPD PROGRAM PLANNING CYCLE

Completed by the Physician Organization

CPD PROGRAM PLANNING CYCLE

1 Select Planning Committee

2 Conduct Needs Assessment

3 Define Target Audience

4 Create Learning Objectives

5 Choose Learning Format

6 Develop Program

7 Deliver Program

8 Evaluate Program

REVIEW PROCESS

The review process by the UBC CPD Accreditation Office verifies that the standards have been met and provides an official approval. These are the steps to the application and review process which generally takes 4 – 6 weeks:

Development
Applicant develops the CPD activity according to accreditation/certification standards.

Submission
Applicant completes the application (pdf or online), and submits with the required documents.

Administrative Review
UBC CPD reviews the application content and educational materials for completion and prepares a preliminary review report. Modifications may be identified for the applicant to clarify how the standards have been met.

Formal Review
Further relay may take place if additional clarifications are required. A final decision is made on accreditation/certification of the program.

Approval
If approved, UBC CPD sends letter of approval of accreditation/ certification to the applicant. UBC CPD logos and option to list the program on the UBC CPD website are provided. UBC CPD notifies the College(s) of the approval which facilitates physicians claiming credits.

Post-Accreditation
CPD activity is delivered and evaluated. Report of any industry bias indicated is submitted to UBC CPD within 3 months.

01 **Application**
CREATE, SHARE, SUBMIT

02 **Review**
INTAKE, REVIEW, DECISION

Not Approved
UNACCREDITED/UNCERTIFIED

Revision Needed
EDIT, SHARE, SUBMIT

Approved
PROCEED WITH EDUCATION DELIVERY

ETHICAL STANDARDS

Ethical standards exists to ensure transparency and accountability in program planning and implementation. In addition to guiding sponsorship interactions, the ethical standards inform content development, finances, disclosure processes, managing conflict of interest, and non-compliance.

PHYSICIAN ORGANIZATION

> *UBC CPD only accredits and certifies activities that have been developed by a physician organization.*

The physician organization plans and develops all aspects of the CPD activity, from the beginning of the planning process (needs assessment) to the end (evaluation), has ultimate authority over all decisions, and is accountable to ensure that the administrative, educational and ethical accreditation and certification standards are met. The physician organization is responsible for the finances in that all registration/support are received and expenses paid by the organization, and is responsible for any revenue or deficit.

A physician organization is a not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its physician members through continuing professional development, provision of health care and/or research.

This definition includes the following:

- Faculties of medicine
- Hospital departments or divisions
- Medical societies
- Medical associations
- Medical academies
- Physician research organizations
- Canadian provincial medical regulatory authorities (MRAs)

This definition does not include:

- Health authorities in BC
- Pharmaceutical companies or their advisory groups
- Medical/surgical supply companies
- Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
- Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
- Industry (e.g. pharmaceutical companies, medical device companies, etc.)
- Medical education or communications (MEC) companies (e.g. CME Inc.)

- 'For-profit' on-line educators, publishing companies or simulation companies (e.g. Medscape)
- Small number of physicians working together to develop educational programming
- Any other for-profit organizations/ventures

The physician organization must be a Canadian organization, but may decide to have non-Canadians members on the Scientific Planning Committee (SPC) if this something that was determined by results of the needs assessment.

The physician organization is responsible for:

- Ensuring that all accreditation/certification standards are met
- Appointing the Scientific Planning Committee (SPC) to develop and plan the program
- Receiving support funds and registration
- Payment of honoraria, travel, lodging and expenses
- Submitting an application to UBC CPD
- Implementing the activity based on the plan approved by UBC CPD
- Providing attendees with certificates of participation
- Maintaining attendance records for a five (MOC) to six (Mainpro+) year period

Co-Development

Co-development is an option that is permitted with not-for-profit organizations only. Co-development is the process by which two or more organizations — at least one of which must be the physician organization — prospectively collaborate to develop the content of and implement an accredited/certified educational activity, learning resource or tool. In a co-development relationship, the physician organization must assume control over all aspects as if they were planning the event independently.

Co-development may or may not include the provision of sponsorship. Co-development involves content development and can only be done with another non-profit organization. Sponsorship refers to financial support only, from either for-profit or non-profit organizations, and must be independent from development of any content.

SCIENTIFIC PLANNING COMMITTEE (SPC)

All accredited/certified activities must have a scientific planning committee (SPC), appointed by and including member(s) of the accountable physician organization that is representative of the target audience. The SPC is responsible for ensuring that all decision-making related to the CPD planning, developing and delivery are under its exclusive control in carrying out the following:

I.   Identification of the educational needs of the intended target audience
II.   Development of learning objectives

III.   Selection of educational methods

IV.   Selection and invitation of all persons involved in development, delivery and evaluation of the CPD activity (e.g. speakers, moderators, facilitators, instructors, authors)

V.   Development and delivery of content

VI.   Review of the evaluations and the final budget following the activity

VII.   Enforcement of the UBC CPD Policy on Conflict of Interest (COI) Management including reviewing disclosures of speakers, moderators and facilitators

If the target audience is interprofessional, the SPC should consists of representatives from each profession where possible.

UBC CPD requires a minimum of two physicians to sit on each SPC and planning committees can never comprise only one member. Planning meeting minutes should be kept from year to year with dates and attendees.

The SPC cannot include members from pharmaceutical, medical supply, medical education, or other for-profit companies. Inclusion of members from industry or other for-profit companies on the SPC is strictly prohibited.

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.

CONTROL OF CONTENT

Validity and Objectivity

The scientific integrity and balance is a joint responsibility between the SPC and faculty. All individuals engaged in the planning, development and delivery of a CPD activity share in the responsibility of the teaching content, and need to ensure that the activity has scientific validity, integrity, objectivity and is evidence based.

It is important to note that industry should never be a focus for educational sessions with study credits.

Informing Faculty of Standards (Speaker Letter)

The SPC must ensure that all persons involved with developing and delivering CPD content (e.g. speakers, moderators, facilitators, instructors, authors) are informed of the accreditation/certification standards. This can be achieved with a speaker letter that includes the instructions to faculty regarding content:

- Identified needs of the target audience are considered when developing content and learner objectives
- Learner-centered objectives should be developed in consultation with the SPC
- Content and presentation must be relevant to the learning objectives, reflect current evidence, and be balanced across applicable diagnostic and/or therapeutic options
- Description of diagnostic and therapeutic options must utilize generic names and not reflect exclusivity or branding
- References to unapproved therapies or devices (off-label use) should be explicitly declared
- Every effort must be made to avoid bias, whether commercial or other
- Content and materials must meet professional standards and legal requirements, including the protection of privacy, confidentiality and copyright
- Disclosure to SPC and to participants is required regarding financial relationships and management of potential sources of bias (disclosure and COI management slides)
- Presentation time allotment must be adhered to (in order to achieve minimum 25% interactivity overall)
- Presentations should be submitted in time for review by the SPC
- References to evidence used to create content must be included in presentations

Determination of Adapted Content

The SPC may adapt an already-developed program for a local physician context by addressing the learning gap determined from the needs assessment. A description of how this was achieved should be included in the needs assessment part of the application.

DISCLOSURES AND COI MANAGEMENT

All members of the SPC must disclose to their physician organization, to UBC CPD, and to participants their relationships with for-profit and not-for-profit organizations over the previous two years. All disclosures of both planners and presenters should be summarized and made available to all participants (e.g. program website, page in program, etc.) for transparency.

Disclosure Review

The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators, and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest (see COI Management below). A conflict of interest may be especially present when a content developer has relationships with sponsors who are supporting the program. Each Disclosure Form has a text field where management and mitigation of bias and COI need to be explained in detail e.g. how a financial relationship is unrelated/won't influence content development by that person. If it will, that is a Conflict of Interest; see the COI management Policy for what to do. If there are no COIs, proceed with the program as planned. The SPC must also ensure that the facilitators/presenters

disclose all their financial relationships to the participants in a 2-step (written and verbal), 2-slide (disclosure and management) process. Having nothing to disclosure, the statement "I have nothing to disclose" is to be used.

UBC CPD reviews the disclosure forms of the SPC members with the application.

All disclosures must be summarized and made available to participants for transparency.

COI Management Policy

Appropriate conflict of interest management may be done by UBC CPD in any of the following ways:

- In many cases, ensuring that the conflict is fully disclosed to program participants, with description of management, will be adequate
- The presenter is asked to present on a different subject
- The presenter alters their financial relationship
- The presenter relinquishes control of content of the presentation
- Independent expert content review is obtained
- On rare occasions, a speaker or planning committee member may need to be replaced

Please review the full UBC CPD COI Management Policy for more information at ubccpd.ca/accreditation/disclosures

FINANCIAL ACCOUNTABILITY

The physician organization must retain overall accountability for the finances of the activity.

The planning committee should aim to be financially self-sustaining. Surplus funds generated from an activity should be earmarked for the planning, development, or delivery of subsequent activities of a recurring nature. Surplus funds from a single, non-recurring event should be returned to the physician organization and be used to support continuing education activities in the organization.

The responsibility for payments may be delegated to a third party only if it is non-profit. The physician organization must retain overall accountability for these payments.

Budget

A budget with all projected revenues from all sources and expenses is to be prepared by the SPC and submitted to UBC CPD as part of the application package. Identify each source of revenue and expenditure. Revenue must include all sponsorship amounts, department funding, and registration fees. Expenses differ greatly per event, but detailed general expenses such as venue, honoraria, catering, travel, etc. need to be included. If the budget has a surplus or deficit please indicate how these will be handled.

Sponsorship

Sponsorship can come from for-profit or not-for-profit sources, and be financial or in-kind. The UBC CPD Guidelines for Support apply to all types of sponsorship. Both for-profit and not-for-profit sponsors are required to have written agreements and a non-compliance processes. But for-profit (commercial) sponsors have several additional requirements.

UBC CPD Guidelines for Support

The UBC CPD Guidelines for Support, based the National Standard (released January 2018), outline the stipulations for receiving and recognizing financial and in-kind support from not-for-profit and for-profit sponsors, and managing commercial promotion. The SPC must ensure adherence to the UBC CPD Guidelines for Support of Accredited and Certified CPD Activities for all activities that receive funding from for-profit (commercial) and not-for-profit organizations. For example, the SPC must ensure that education is separated from promotion, and that all funds from commercial sources are in the form of an educational grant, and that unaccredited activities are listed separately.

Written Agreements

The UBC CPD Guidelines for Support state the terms, conditions, and purposes by which commercial sponsorship provided must be documented in a written agreement that is signed by the physician organization and for-profit/not-for-profit sponsors. (A Memorandum of Agreement is often used in the case of not-for-profit sponsors.)

Non-Compliance Policy

The SPC must have a process in place to identify and address instances where CPD activities are not in compliance with the UBC CPD Guidelines for Support, and UBC CPD should be consulted should any instances arise.

Unapproved Activities

CPD activities that have not been developed or approved by the SPC to meet the ethical, educational and administrative standards, or for which accreditation/certification is not being pursued, cannot be listed or included within agendas, programs, or calendars. Announcements of unaccredited/uncertified CPD activities should not be distributed to participants by the physician organization.

Not-for-Profit Sponsorship

Under the new National Standard, not-for-profit sponsors are under the same obligations as for-profit (commercial) sponsors.

For Profit (Commercial) Sponsorship

The following are required to ensure full separation of education for promotion.

Sponsorship Prospectus

The sponsorship prospectus outlines exactly the opportunities and acknowledgements that sponsors would have for supporting a CPD activity at various levels (eg. gold, silver, etc.). It is sent after the agenda has been developed, as a Sponsorship Request Letter or invitation outlining opportunities such as a table in exhibit hall, tiered support levels, and a limited number of representatives who may attend per level. In exchange for providing support to a UBC CPD accredited/certified activity, commercial sponsors may receive the following opportunities and acknowledgements:

Sponsorship Opportunities

Permitted

Sponsorship opportunities can be offered in exchange for a company supporting a program. Sponsor acknowledgement is always required for transparency to the participants, but the rest are optional:

- Opportunity to interact with physicians during breaks and lunch
- Table in the exhibit hall, with choice of location depending on the support level
- Limited number of representative attendance in sessions, clearly identified and non-participating
- Participant list including name and city of participants consenting to be on such a list, in adherence to privacy policies governing collection and distribution of private information
- Acknowledgment of all sponsors together, using the name text and/or logo (no product names or colours) may be listed in tiered sponsorship support levels

Not Permitted

The following, along with any other forms of sponsor acknowledgment or incentives (except sponsor passports), are NOT permitted in conference materials or communications:

- Advertisements
- Blurbs describing what a company does
- Trade names, product names or group messages
- Endorsements of the company or its products
- Swag, insets, lanyards or other sponsor materials in delegate bags
- Sponsor acknowledgement on brochures or in apps
- Company or product group colours for products that may be associated with content

Sponsor Acknowledgment Statement

"Funds in support of this CPD activity were provided by Company X, Y, and Z as an educational grant to Conference ABC. The funds were independently allocated and disbursed in accordance with current UBC CPD Support Guidelines"

Sponsor Acknowledgment Locations

Onsite

- In the introductory slides, with invitation to participants to visit the exhibit hall (time subtracted from credit count)
- In the printed syllabus, clearly separated from educational content
- On poster in the exhibit hall

Online

- Single-page conference website: at bottom of screen in unobtrusive manner
- Multi-page conference website: in separate tab
- Hyperlinks: must include notice that one is leaving the original site and being redirected to a commercial supporter site
- Emails: no acknowledgements permitted in emails

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. In order to ensure this standard is met onsite, the following must be in place:

- The proportion of representatives is minimal
- Representatives must be clearly identified on their name badges so that 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
- Representatives cannot complete conference evaluation forms

The SPC is responsible to communicate the above requirements to the pharmaceutical/commercial representatives and ensure that there is no participation in the education in order to protect the event from industry influence.
Please note: In cases where there is no exhibit hall and only a few representative are attending, the above elements must still be in place.

Participant Incentives

A participant incentive encourages participants to visit sponsor booths. The only sponsor incentives that is permitted by UBC CPD are sponsor passports.

Sponsor passports are a form of sponsor incentive in which participants receive a stamp/sticker on a 'passport' for visiting a sponsor booth. The passports are entered in a draw and participants may win a prize, paid for by the physician organization, for participating.

Any other forms of sponsor incentives are not permitted.

Satellite Symposia

A satellite symposia is a promotional industry session. Satellite symposia are not accredited or certified with CPD activities. No links at all are permitted between the accredited/certified CPD activity and satellite symposia. The following is a list of how this separation is achieved:

- The planning, budget, marketing, and execution are the solely the responsibility of the sponsoring company
- Must not take place at the same time, overlap, or compete with any accredited educational sessions
- Must be separated spatially from the educational rooms and not utilize any room used at another time by the accredited/certified CPD activity
- Must not be included in the conference materials (brochure, website, agenda, etc.)
- Promotions for the satellite symposia must not be done by conference organizers. Includes distribution with the program at the registration desk and emails sent by the conference organizer
- Registrants are to be informed by the symposium promoters that satellite symposia are not accredited by UBC CPD and are not part of the accredited CPD activity
- Company promotions for the satellite symposia must be clearly labeled as separate and distinct from the UBC CPD-accredited CPD activity
- Participants not attending the symposia must not feel compelled to attend through the use of any incentives

EDUCATIONAL STANDARDS

Educational standards ensure that all accredited CPD activities follow the main tenants of adult learning and in particular include key elements of CPD: a needs assessment to identify learning gaps (i.e. perceived and unperceived needs), learning objectives determined by the SPC, best educational strategies for offering learning in terms of learning format (i.e. conference, workshop, online, mentorship, etc.) and a formal evaluation process (Kern, 1998).

Educational Standards and Quality Criteria

In 2016, the CFPC developed a custom version of educational standards, called the Quality Criteria. While the educational standards apply to MOC® credits, several of the Quality Criteria required for Mainpro+® are the same such as needs assessment, interactivity (an educational strategy), and evaluation but with additional elements as indicated below.

ROYAL COLLEGE MOC® Section 1 **Educational Standards**	CFPC Mainpro+® **Quality Criteria**
I. Needs Assessment	Q1. Needs Assessment & Practice Relevance
II. Target Audience	Q2. Interactivity & Engagement
III. Learning Objectives	Q3. Incorporation of Evidence
IV. Educational Strategies	Q4. Addressing Barriers to Change
V. Content Development/Implementation	Q5. Evaluation & Outcome Assessment
VI. Evaluation	*Q6. (Reinforcement of Learning)*

Combining the two sets of standards, the following comprehensive educational elements are required in an application for both credit types:

- Needs Assessment & Practice Relevance (Q1)
- Target Audience
- Learning Objectives
- Educational Strategies (interactivity, assessment) (Q2)
- Content Development including Incorporation of Evidence (Q3) & Addressing Barriers (Q4)
- Evaluation & Outcome Assessment (Q5)

Reinforcement of Learning (Q6) is not required for Mainpro+® 1 credit/hour.

All of these educational requirements are discussed individually below.

NEEDS ASSESSMENT

Needs assessment is the process involved in gathering information to identify the learning needs of the target audience. The learning needs are the basis for identifying appropriate learning objectives and the content and format of the educational activity. To identify the learning gap the SPC should describe the target audience, work environment or work activities, and demonstrate a valid professional practice gap from which the educational needs are identified. Identify preferred learning style and current knowledge or skill level, then determine desired knowledge or skill level.

The most useful needs assessments are those where multiple methods are utilized to identify educational needs linked to improved patient care. Here are some needs assessment strategies to help identify both the perceived and unperceived educational needs of the target audience:

Perceived Needs

Self-recognized: I know what I want and need to know:

- Survey
- Interview
- Focus group interview
- Key informant
- Representative planning committee
- Meetings with colleagues
- Evaluation of previous CPD activity

Unperceived Needs

Unknown to the learner: I don't know what I don't know:

- Knowledge test
- Chart audit
- Critical incident reports
- Duplicate prescription/health care diary
- Expert advisory group
- Patient/colleague feedback
- Direct observation of practice performance
- Data from electronic medical records (EMR)
- Provincial and national datasets

To uncover the needs (learning gaps) of the target audience, the SPC should discuss 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?

Practice Relevance

This is part of Quality Criterion 1 – required for Mainpro+® credits, but may be employed by all programs To be eligible for Mainpro+® certification, all programs must be relevant to the overall practice of family medicine. Relevance is determined by assessing whether the program:

- Fosters improved patient care by family physicians
- Addresses at least one of the four principles of family medicine
- Is 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

TARGET AUDIENCE

The target audience is the specific group of specialists and/or family physicians, along with other healthcare professionals for whom the CPD activity will be developed, and must be determined from the inception of the activity. Aside from governing the program design and content, identifying the target audience determines which type of credits will be most appropriate.

LEARNING OBJECTIVES

Learning objectives that address the identified needs of the target audience must clearly describe the intent of the educational activity, be written from the perspective of the learner, and express the expected outcomes as determined by the SPC. They must be created for the overall CPD activity and each individual sessions, and incorporated into the evaluation strategy. Learning objectives may be developed through discussion between the SPC and the presenter in order to crystallize the intent of the session. CanMEDS/CanMEDS-FM should be taken into account when developing learner objectives.

The requirements of learner-centered objectives needs to be communicated clearly with speakers in the speaker letter.

CanMEDS/CanMEDS-FM

CanMEDS and CanMEDS-FM are frameworks that identify and describe the abilities physicians require to effectively meet the health care needs of the people they serve. These abilities are grouped thematically under seven roles. A competent physician seamlessly integrates the competencies of all seven CanMEDS Roles. CPD activities often address one or two roles at a time by tying them to the learning objectives.

CanMEDS/ CanMEDS-FM Role	Role Description
Medical Expert/ Family Medicine Expert	Medical expertise
Communicator	Communicating with patients
Collaborator	Collaborating with colleagues
Leader	Coordinating team care
Health Advocate	Advocating for improved care
Scholar	Contributing to medical knowledge domain
Professional	Accountability and ethical practice

EDUCATIONAL STRATEGIES

The following educational Strategies will help determine program design.

Learning Formats

A variety of learning formats is recommended to support the perceived and/or unperceived educational needs, learning objectives and address CanMEDS/CanMEDS-FM roles beyond the Medical Expert/Family Medicine Expert role. The SPC must ensure that the selected educational methods and delivery are consistent with the identified need(s) and stated learning objectives as well.

Program formats may include:

- Conference
- Workshop
- Seminar Series
- Online modules
- Coaching/Mentoring Programs*

- Assessment
- Audit and Feedback
- Webinars
- Simulation
- Rounds **

* Coaching/Mentoring Programs may apply to UBC CPD for MOC® Section 3 Performance Assessment (Simulation) credits or Mainpro+® 1 cr/hr (Assessment) credits.

** Family Physician Rounds may apply to UBC CPD for Mainpro+® 1 cr/hr Group Learning credits.
For certification of rounds, the SPC must be accountable to the head of the department, chief of staff, or equivalent.

Specialist Rounds: *Register directly with the Royal College for MOC® Section 1 credits.*

Group Learning

For Group Learning activities, at least 25% of the total education time must be allocated for interactive learning. Promoting interactive learning using question and answer periods, case discussions, skills training, etc., helps participants to understand, translate and apply content to their specific practice contexts. Ensure that the moderator has been informed to allow time for interactivity.

Interactivity examples:

- Audience-based data collection tools
- Case studies
- Quizzes
- Small-group discussion
- Simulation-based activities
- Immersive learning
- Activities that can be applied to participants' practices

For those participating in group learning activities synchronously online and/or remotely, there must be a system that allows participants to track their attendance, interact with the group, participate in discussions, and provide evaluation feedback.

Assessment Activities

Assessment activities require additional educational strategies to be in place in order to meet accreditation/certification standards. Assessment activities exclude the requirement for group interactivity. Validate the number of credits by having a few physicians complete the activity and take an average time.

Knowledge Assessment (ie. Online Modules)

Learning formats that are designed to assess the learner's knowledge may be eligible for

> **MOC® Section 3 Knowledge Assessment** (SAP) credits and/or
> **Mainpro+® 1 cr/hr (Assessment)** credits

The learning can take place online or in person, but interactivity is not a focus as it is for group learning. (SAP stands for *Self-Assessment Program*)

To meet accreditation and certification standards for assessment, the following additional elements are required that will assess the learners' knowledge, and allow the learner to learn form that assessment. This can take many forms as long as the program provides:

- Correct and incorrect answers, plus explanations of why they are correct/incorrect
- A scored assessment
- Suggested further resources for more information

Performance Assessment (ie. Simulation, Coaching)

In recent years, simulation has expanded beyond strictly surgical skills or emergency simulations to include many soft skills such as communication. When designed to assess the learner's performance, learning formats such as simulation or coaching/mentoring may be eligible for

> **MOC® Section 3 Performance Assessment** (SIM) credits and/or
> **Mainpro+® 1 cr/hr (Assessment)** credits

In a performance assessment program, participants practice skills while being observed and receive immediate feedback. A self-reflection tool is provided to them which allows them to design an action plan for ongoing practice, things they missed or that still need work.

Individualized Feedback

The program must include a plan for instructors to provide individualized feedback to the learners. The instructors need to know what to evaluate as they observe the learners, and be able to provide appropriate, constructive and timely feedback regarding competencies, skills and attitudes.

Reflective Tool

The reflective tool is used onsite by the learners to reflect and create an action plan to help them keep up or improve their skills, or to address barriers they might encounter in applying their new knowledge after the program. Instructors may assist or provide guidance in co-creating individuals' action plans if required. The reflective tool is for the learners to use and keep and does not need to be submitted to the instructors.

PROGRAM DEVELOPMENT

Content Development

Program content and topics should be based on the learning gaps determined by the needs assessment and intent for the sessions conveyed to participants through the learning objectives. All individuals engaged in the planning, development and delivery of a CPD activity share in the responsibility of the teaching content. (See section on Informing Faculty of Standards.)

Selecting Faculty and Speakers

Selecting faculty who can present content that meets the learning objectives is important to maintain scientific integrity. Characteristics of a desirable speaker/presenter include:

- Expert on the activity topic
- Skilled and engaging presenter
- Credible
- Learner-centered
- Reliable and punctual
- Absence of conflict of interest

Incorporation of Evidence

This is Quality criterion 3 – required for Mainpro+® credits, but may be employed by all programs. The SPC must ensure the following to demonstrate that the clinical content of their programs is valid and represents best available and most up-to-date evidence:

- Evidence used, specifically with respect to assertions and clinical recommendations, is in keeping with that generally accepted within the medical profession
- Research used as the basis of recommendations or guidelines, and/or reported within a program, meets generally accepted standards for scientific rigour (experimental design, analysis, reporting, etc.).
- Evidence, and the content derived from this evidence, is selected without influence by, or consideration for, a business or commercial interest.

- Any assertion or recommendation must include references. If there is lack of evidence for an assertion or recommendation, it must be acknowledged in the program

Best-quality evidence is defined as evidence from systematic reviews/meta-analyses of studies (randomized controlled trials [RCTs], cohort, and case control studies). Both potential harms and potential 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 by presenting absolute and relative risk reductions. Instruct faculty to include references to evidence in their presentations. (This is an appropriate criteria for all credit types, and as such has been included in the application checklist.)

Addressing Participants' Barriers to Change

This is Quality criterion 4 – required for Mainpro+® credits, but may be employed by all programs. Effecting change in health care is a complex process with many potential barriers to effective adoption of new attitudes, beliefs, behaviours, and processes. Bridging the gap between best practices and actual patient care requires an analysis of the barriers encountered by physicians and other health care providers in their day to day work. CPD programs that address these barriers to change are more likely to result in change.

Description of Participants' Potential Barriers to Change

Barrier	Description
Knowledge	Lack of familiarity with guidelines, recommendations, recent findings, evidence, techniques
Attitude	Lack of outcome expectancy, motivation to change, belief in one's abilities, or disagreement with new recommendations or guidelines
Behavioural	Difficulty in recalling proposed intervention when needed, no place established for learning in usual routine of care, no opportunity to use new intervention
Organizational	Process-related barriers, financial constraints on implementing changes, no time or opportunity to implement recommendations

Develop a strategy to identify barriers to practice change. Methods that can be used to identify barriers are:
- Learning from key individuals with the knowledge, authority, and skills to speak to implementation of the innovation
- Observing individuals in practice, especially for routine behaviours
- Using a questionnaire to explore individuals' knowledge, beliefs, attitudes, and behaviour
- Brainstorming informally in small groups to explore solutions to a problem
- Conducting a focus group to evaluate current practice and explore new ways of working

Otherwise, start by gathering information from the audience on what their barriers are by including the question about identifying barriers to practice change in the evaluation form.

IMPLEMENTATION

Program Agenda

Completion of content development for group learning results in an agenda. The agenda should be finalized as far in advance as possible in order to allow time for sufficient marketing of the program. UBC CPD recommends 3-6 months ahead of the event date for the agenda to be set.

The SPC should realistically assess the resources that will be required to implement the educational strategies of the program (Kern, 1998). Develop clear processes and timelines for obtaining support, opening registration and developing marketing strategies to ensure success of program operationalization.

If you need assistance with event management, please visit See UBC CPD Conference Services at ubccpd.ca/event-management for more information.

EVALUATION

Evaluation Strategies

Evaluation is a mandatory component of all accredited/certified programs. Evaluation allows for the ongoing improvement of CPD programs and provides valuable feedback to program planners and faculty. A program must allow participants to evaluate the program in a meaningful and confidential manner.

Developing evaluation tools should be considered early in the planning and design of the CPD activity. The evaluation strategy should be both formative (how learner is progressing) and summative (what learner has achieved) and may be modeled after Dixon's four levels of evaluation (Dixon, 1996):

> Level 1 – Perception and opinion data
> Level 2 – Knowledge, skills, and attitudes (competency)
> Level 3 – Performance data (Impact on behavior), and
> Level 4 – Outcome data (impact of patient care and health status)

Additional evaluation strategies may include an intent to measure improved health care professional performance, improved health care outcomes, and/or an opportunity for participants to receive feedback related to their learning.

Required Evaluation Questions

1. **Did the program meet the stated learning objectives**:
   □ Yes   □ No   □ N/A | If no, please explain: (text box)

2. **Did you perceive any bias, whether industry or other, in any part of the program?**
   □ Yes   □ No | If yes, please explain: (text box)

3. **Reflecting on the program content, I am motivated to change my practice in the following ways**: (text box)

(Optional) **Did the program content offer balanced views across all relevant options related to the content area?**
It is a requirement of the National Standard that program be evaluated for balance when therapeutic options are being discussed. *The question is marked "Optional" for programs in which no therapeutic options are discussed (ie. faculty development, quality improvement, etc.)*

(Optional) **Can you identify any barriers to incorporating what you learned today into your practice?**
Required for Mainpro+® only: Develop a strategy to identify barriers to practice change. Using a questionnaire to explore individuals' knowledge, beliefs, attitudes, and behaviour is one way to do this. *If another strategy has been developed, this question is optional.*

Outcome Assessment

This is part of Quality Criterion 5 – required for Mainpro+® credits, may be employed by all programs.
Beyond measuring satisfaction, change that occurs as a result of an educational intervention—in particular, change within the domains of physician performance, patient health, and community health— can be a more valuable measure of program success (CFPC, 2018). The following framework can be used to build a robust evaluation strategy that incorporates Outcomes Assessment:

- 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

Asking participants to self-report/reflect on the potential impact of the program on their practice in the evaluation form is one way to begin. *(This self-reflection question is what is required for Royal College MOC® credits.)*

Participants are required to be provided with an opportunity to evaluate individual sessions and the overall CPD activity. The evaluation system must provide participants with the opportunity to: a) Identify whether the individual session and overall CPD activity learning objectives were met, b) Identify whether the content was balanced and free of commercial or other inappropriate bias, and c) Identify the potential impact of the CPD activity for their practice.

ADMINISTRATIVE STANDARDS

Administrative standards cover the requirements for registration and certificates.

REGISTRATION

All participants must be able to register for the CPD activity in some way and receive a record of registration (eg. registration system, email, etc.).

Registration fees can be waived only when there is no commercial sponsorship. When a CPD activity has commercial sponsorship, the UBC CPD Support Guidelines require a reasonable registration fee to be paid by participants in order to offset the perception of industry bias. For physicians the minimum requirement is $100 per day ($50 per half day). Trainees may in either case be offered reduced or waived registration fees.

Attendance records must be kept by the physician organization for 5 years for MOC® Credits, and 6 years for Mainpro+® credits.

If you need assistance with registration, please visit UBC CPD Registration Services at https://ubccpd.ca/services/registration for more information

CERTIFICATES

A certificate of participation or written confirmation signed by the chair of the planning committee must be issued to participants for all accredited/certified activities. The certificate must specify the following elements:

  I.   Title of the activity (as it appears on the application)
 II.   Name of the physician organization (and co-developer if applicable) responsible for the activity
III.   Date(s) the activity took place
IV.   Location of the activity (i.e. city, prov or web-based)
 V.   Maximum number of credit hours available
VI.   All applicable accreditation/certification statements
VII.   Signature of the accountable physician/chair of SPC

CHECKLIST OF ACCREDITATION AND CERTIFICATION STANDARDS

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 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, a sponsorship prospectus outlines all sponsorship opportunities, and sponsorship agreements are created, signed and countersigned

☐ Declarations of accountable physician, and those pertaining to the credit type, are read and signed

Educational Standards

☐ Needs assessment of the target audience has been conducted by the SPC to inform content

☐ Group Learning activities include 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 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

☐ Certificates including the appropriate approval statement(s) are provided to all attendees

DECLARATIONS

Formal declarations are made by 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 https://ubccpd.ca/accreditation/declarations

Accountable Physician (MOC® and Mainpro+® credits)

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.

RCPSC Member (MOC® credits)

The RCPSC member represents the target audience of specialists and certifies that they have had substantial input into the planning and development of the CPD activity.

CFPC Member (Mainpro+® credits)

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.

UBC Faculty of Medicine Member (Mainpro+® credits)

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.

REFERENCES

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