

Quality Criteria Framework

CATEGORY	CRITERION
Quality Criterion 1: Needs Assessment and Practice Relevance	<ul style="list-style-type: none"> • Programs must demonstrate evidence of being designed to address a professional practice gap; • A needs assessment strategy should identify both the perceived and unperceived educational needs of the target audience; • The needs assessment strategy should consider the CanMEDS Competencies framework.
Quality Criterion 2: Interactivity and Engagement	<ul style="list-style-type: none"> • Minimum of 25% is devoted to interactivity
Quality Criterion 3: Incorporation of Evidence	<ul style="list-style-type: none"> • Evidence used within CPD programs are to be aligned within the medical profession and selected without influence by a commercial interest; • Programs will not teach or promote medical-related procedures and/or practices that are known to be dangerous or ineffective to quality patient care; • The use of trade names are to be avoided; • Any assertion or recommendation made in an educational activity must include references
Quality Criterion 4: Addressing Barriers to Change	<ul style="list-style-type: none"> • Barriers to change such as negative personal and professional beliefs; financial disincentives; or lack of institutional support must be identified and addressed
Quality Criterion 5: Evaluation and Outcome Assessment	<ul style="list-style-type: none"> • Assessment of a CPD program must achieve satisfaction beyond whether or not the educational intervention meets the participants' expectations
Quality Criterion 6: Reinforcement of Learning	<ul style="list-style-type: none"> • Not required for one credit per hour activities

Quality criterion 1: Needs Assessment and Practice Relevance

- Indirect assessment of the target audience needs are used to guide program development and to obtain information on prior knowledge and practice experience;
- Learning objectives are tied to the needs assessment results;
- Needs assessment addresses physician competency through CanMEDS roles

The planning committee should ask the following questions:

- How common is the need among the target audience?
- How many different assessment sources indicated 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 behavior?
- Are sufficient resources available to effectively address this topic?
- How receptive will the target audience be to a session on this topic?



**Quality criterion 2:
Interactivity and Engagement**

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

Interactivity must be included for each activity, i.e.:

- Audience-based data collection tools;
- Case studies;
- Quizzes;
- Small-group discussions;
- Simulation-based activities;

**Quality criterion 3:
Incorporation of Evidence**

- An outline of the evidence and how it was used to create the content must be provided and references must be included within materials;
- Evidence should come from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs or well-designed, consistent, controlled but not randomized trials or large cohort studies;
- If a single study is the focus or select studies are omitted, program developers must provide rationale to support this decision;
- Graphs and charts cannot be altered to highlight one treatment or product;

Programs / Content:

- Must be selected without influence by a commercial interest;
- Will not teach or promote dangerous or ineffective medical-related procedures;
- The use of trade names will be avoided;
- All recommendations must include references - Add to speaker communication the following instructions: Provide references within your presentation of evidence used to create content

**Quality criterion 4:
Addressing Barriers to Change**

- Educational design includes discussion of commonly encountered barriers to practice change

The identification of barriers may take a number of forms:

- Capturing data of the actual participants;
- Focus groups;
- Observation of actual practices;
- Chart review;
- Research data analysis



**Quality criterion 5:
Evaluation and Outcome Assessment**

- 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

Change within the domains of competence, performance, patient health, and community health that occurs as a result of an educational activity is a valuable measure of an activities success.

Add to evaluation form:

This program/activity content has enhanced my knowledge: (insert question for each presenter)

Strongly Agree		Neutral		Strongly Disagree
5	4	3	2	1

Please indicate which CanMEDS-FM roles you felt were addressed during this educational activity: Check all that apply: (insert question for entire program)

Collaborator <input type="checkbox"/>	Family Medicine Expert <input type="checkbox"/>	Manager <input type="checkbox"/>	Scholar <input type="checkbox"/>
Communicator <input type="checkbox"/>	Health Advocate <input type="checkbox"/>	Professional <input type="checkbox"/>	

**Quality criterion 6:
Reinforcement of Learning**

Not required for one credit per hour activities