

## COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) MAINPRO+ CERTIFICATION - APPLICATION FORM

ACTIVITY NAME:

**Note: Should the activity development, planning and implementation of the content and supporting documents not be eligible for accreditation/certification due to non-compliance with CPD standards as stated by our regulatory bodies, the McGill CPD Office reserves the right to not grant accreditation or certification.**

To obtain Mainpro+ certification for a provincial face-to-face/live one-credit-per-hour activity<sup>1</sup>, it is mandatory that a member of the scientific planning committee be affiliated with McGill University's Faculty of Medicine. In addition, a member of the committee must reside in Quebec and be an active member of the CFPC.

To obtain Mainpro+ certification for a national online self-study one-credit-per-hour activity<sup>1</sup>, it is mandatory that a minimum of three (3) active CFPC members from any region of Canada (one must be a resident of Quebec) are members of the scientific planning committee. In addition, a member of the committee must also be affiliated with McGill University's Faculty of Medicine.

Being a member of the scientific planning committee implies having had significant involvement in the development, planning and implementation of the content as stipulated by the CFPC. Members of the scientific planning committee will be held accountable for how content will be presented and will be required to respond to any concerns regarding guideline violations. For a complete guide on CFPC certification, consult the following: [Mainpro+: Certification Standards](#)

**For this activity we meet the criteria for CFPC:**

Provincial Certification  Yes  No      National Certification  Yes  No

<sup>1</sup> The McGill CPD Office may grant provincial Mainpro+ certification for face-to-face/live and online programs and national certification for online programs.

The McGill CPD Office may not grant national Mainpro+ certification for face-to-face/live programs. National certification for face-to-face/live CPD programs can only be granted through the CFPC National Office.

### DECLARATION OF MCGILL UNIVERSITY FACULTY OF MEDICINE AFFILIATE:

In meeting the criteria mentioned above, the McGill University Faculty of Medicine affiliate ensures that:

- the activity content is specified by a needs determination and reflected in the activity learning objectives
- the content presented is scientifically valid and balanced
- disclosure of any potential conflicts of interest of the scientific planning committee and speakers will be declared
- a full evaluation assessment of the activity will be conducted
- eight (8) weeks following the completion of the activity, a completed final report form and all supporting documents will be provided to the Continuing Professional Development Office of McGill University

To be completed by the McGill University Faculty of Medicine's affiliate:

NAME – PLEASE PRINT CLEARLY

MEMBERSHIP NUMBER

TELEPHONE

EMAIL

**DECLARATION:** I hereby certify that,

- I am a member of McGill University's Faculty of Medicine
- I have had substantial input in the development, planning and implementation of the content for this activity
- the content of the activity meets the above requirements and the CFPC Quality Criteria regulations

SIGNATURE

DATE (yyyy/mmm/dd)

## DECLARATION OF CFPC AFFILIATE:

In meeting the criteria mentioned above, the CFPC member ensures that:

- he or she has contributed to the consideration of learning needs, the determination of learning objectives, the development of program content, and the choice of speakers.
- the content of the activity is relevant to family medicine
- the planning, content and conduct of the program meets pertinent ethical standards
- he or she has been informed of any financial or non-financial incentives associated with the activity

This section must be completed by the CFPC affiliate:

NAME – PLEASE PRINT CLEARLY

MEMBERSHIP NUMBER

TELEPHONE

EMAIL

**DECLARATION:** I hereby certify that,

- I am an active member of the CFPC
- I am a family physician residing in Quebec
- I have had substantial input in the development, planning and implementation of the content for this activity
- the content of the activity is relevant to family medicine

SIGNATURE

DATE (yyyy/mmm/dd)

If requesting CFPC Mainpro+ national certification <sup>1</sup> for an <u>online</u> self-study one-credit-per-hour activity, provide three (3) names of the scientific planning committee members affiliated with the CFPC: <b>Mandatory to answer</b>			
<b>Name the three (3) active members affiliated with the CFPC from any region of Canada (one must be a resident of Quebec)</b>	<b>Name</b>	<b>Practicing Province</b>	<b>Member Number</b>

<b>Physician organization name:</b>		
<b>Mandatory</b> to answer and meet the criteria as stated on pages 3-4 of this application form under the heading "Definition of a Physician Organization"		
Name of Contact Person:		
Telephone:	Facsimile:	Email:

<sup>1</sup> **National Mainpro+:** National certification for face-to-face/live CPD activities can only be administered through the CFPC National Office. National certification for online self-study one-credit-per-hour activities may be granted via the McGill CPD Office. The activity must meet the above mentioned criteria and in addition a minimum of three (3) active CFPC members from any region of Canada must be members of the scientific planning committee and have had substantial involvement in the development, planning and implementation of the content as stipulated by the College of Family Physicians of Canada (CFPC). One member of the scientific planning committee must also be affiliated with McGill University's Faculty of Medicine.

**Where will this activity be delivered?** (Check ✓ all that apply):

Quebec <input type="checkbox"/>	Newfoundland & Labrador <input type="checkbox"/>	Yukon <input type="checkbox"/>	Ontario <input type="checkbox"/>
British Columbia <input type="checkbox"/>	Northwest Territories <input type="checkbox"/>	Alberta <input type="checkbox"/>	Nova Scotia <input type="checkbox"/>
Manitoba <input type="checkbox"/>	Prince Edward Island <input type="checkbox"/>	Nunavut <input type="checkbox"/>	New Brunswick <input type="checkbox"/>
Saskatchewan <input type="checkbox"/>	Other than Canada:	City:	

**Who is the target audience for this program?** (Check ✓ all that apply):

Academic Family Physicians	Addiction Medicine	Emergency Medicine	Global Health
Interprofessional teams	Child and Adolescent Health	Hospital Medicine	Mental Health
Rural & Remote practicing Family Physicians	Chronic Pain	Palliative Care	Prison Health
Urban practicing Family Physicians	Family Physicians with a community of practice in...	Researchers	Residents
Family Practice Anesthesia physicians	Developmental Disabilities	Dermatology	Maternity/Newborn Care
Health Care of the Elderly	Sport and Exercise Medicine	Cancer Care	Others:
Occupational Medicine	Enhanced Skills Surgery	Respiratory Medicine	

1. Is accreditation/certification for this activity being sought with any other CPD provider, organization or group?  
 Yes     No – If no, please proceed to question #2

1.1 - If yes, name of organization:

1.2 - If yes, amount and type of credits sought:

**FINANCIAL CONSIDERATION:**

2. Will this activity receive financial or in-kind support from a for-profit company or organization?  
 Yes     No - If no, please proceed to question # 3

If you answered yes to question # 2, select one of the type(s) support being received and reply to questions 2.1 and 2.2:

- Financial                       In-kind

2.1 - Amount of financial or in-kind support from for-profit organization(s) received or anticipated to receive:

2.2 - List of for-profit supporters/sponsors:

3. Will this activity receive financial or in-kind support from a not-for-profit company or organization?

- Yes       No - If no, please proceed to question # 5

If you answered yes to question # 3, select one of the type(s) support being received and reply to questions 3.1 and 3.2:

- Financial       In-kind

3.1 - Amount of financial or in-kind support from not-for-profit organization(s) received or anticipated to receive:

3.2 - List of not-for-profit supporters/sponsors:

4. If you answered yes to either question # 2 or # 3, describe in detail how funds will be used including the name of the physician organization or medical institution responsible for paying speaker and scientific planning committee honoraria, travel expenses, etc.:

Please confirm **who** will received the funds, **who** will be paying for expenditures and describe **how** the funds will be distributed, including the payment of honoraria and resource persons expenses. **Under the current CPD National Standards, the physician organization is responsible for the management and disbursement of funds, including honoraria payments to all resource persons.**

Name of organization that received the educational grant payment (funding):

Name of organization that will be issuing payments for expenditures:

Describe how the funds will be distributed:

- Is the physician organization responsible for paying speakers and SPC member’s honoraria and travel expenses?    Yes  No
- If the payment of expenses was delegated to a third party, **provide written/signed agreements** outlining the terms, roles and responsibilities.
- **Provide written/signed agreements** with sponsors outlining the terms, conditions, and purposes by which sponsorship was provided

5. Describe all costs to participants including registration fees, education materials, meals, accommodation, social events and any additional costs:

6. Are there any social events or activities associated with this activity?

- Yes       No - If no, please proceed to question # 7

6.1 - If you answered yes to question # 6, describe in detail the social activities related to this program including when these activities take place in relation to the certified learning:

**PLANNING:**

7. Please describe in detail the processes followed for the following steps, including a description of the scientific planning committee’s involvement: **Provide SPC meeting minutes, e-mail correspondence, etc...**

7.1 - Selection of topic:

7.2 - Determination of activity content:

7.3 – Selection/training of speakers:

7.4 – Review of evaluations:

8. Describe how potential conflicts of interest will be disclosed to participants and the scientific planning committee’s method for the mitigation of bias should a conflict be discovered:

9. Provide a detailed breakdown of how credit hours will be earned:

(Face-to-Face/Live: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc.)  
(Online: 9:15 to 10:00 = .75 credits, 10:00 to 10:30 = .5 credits, etc...)  
(Self-Learning credits (describe how participants will earn credits):

10. Describe the method for ensuring the CFPC Conflict of Interest slides are included in presentations for review:

11. Describe how will you communicate with speakers regarding the [CMA Guidelines for Physicians in Interactions With Industry](#), the [Innovative Medicines Canada Code of Ethical Practices](#), and for programs delivered in Quebec, the [Code of Ethics for Parties involved in Continuing Medical Education of the Conseil Québécois de développement professionnel continu des médecins](#)? **You must include a copy of your speaker communication template.**

12. How will you communicate with speakers regarding the format, Mainpro+ Quality Criteria and program learning objectives they will address? What kind of instructions will be given? **Provide the template disseminated**

13. How do you intend to manage breaches in the Quality Criteria or ethical guidelines (pages 26-27) should these occur in the delivery of this program?

14. If this program was delivered in the past and breaches in the ethical guidelines occurred, please explain how this was managed and what the scientific planning committee is doing differently as a result?

### **Quality Criteria Questions**

#### **QUALITY CRITERION 1 – NEEDS ASSESSMENT AND PRACTICE RELEVANCE**

Please provide information on how learning needs and practice relevance were identified:

15. How were the perceived and unperceived needs of the target audience considered in the development of this activity?

16. How did the needs assessment inform the development of the learning objectives?

17. Please identify the CanMEDS-FM roles addressed in the needs assessment process: Check  all that apply:

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"/>	

18. Provide a description on how these roles were addressed:

**Additional Requirement:**

If this program was accredited for Mainpro or certified for Mainpro+ in the past, please include information on how data collected from previous program evaluations was considered during the needs assessment process.

## QUALITY CRITERION 2 – INTERACTIVITY AND ENGAGEMENT

19. Please indicate how the 25% interactivity and engagement requirement will be met:

This includes interaction with the program content (quizzes, cases studies, simulations, demonstrations, etc.) and with co-participants (question-and-answer periods, small-group activities, blogs or online chat groups, etc.).

## QUALITY CRITERION 3 – INCORPORATION OF EVIDENCE

Please describe the following:

20. How will the scientific planning committee ensure scientific validity and objectivity of the content?

21. How will speakers be advised to supply references (as per the Quality Criteria requirements) of the evidence used in creating their content?

## QUALITY CRITERION 4 – ADDRESSING BARRIERS TO CHANGE

Please describe the following:

22. How will barriers to practice/physician change be addressed within the activity?

## QUALITY CRITERION 5 – EVALUATION AND OUTCOME ASSESSMENT

As stated by the CFPC Quality Criteria requirements for certification, please ensure that the evaluation form distributed to participants include the following questions:

**The evaluation form must list the overall and individual presentations learning objectives**

[TEMPLATE - Evaluation Form - Per Presentation](#)

- Did the speaker make a disclosure statement?  Yes  No  Not Sure
- Did you perceive any degree of bias in any part of the presentation?  Yes  No
- Did the activity respect the Quebec Code of Ethics - Conseil Québécois de développement professionnel continu des médecins (CQDPCM) ([Code of Ethics of the CQDPCM](#))?  Yes  No

\_\_\_\_\_  
**DATE:** (yyyy/mmm/dd)

\_\_\_\_\_  
**SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)**

# Checklist

## Ensure to enclose the following supporting documentation when submitting this application form:

This Mainpro+ application form and the completed general accreditation application form, including all supporting documents, must be submitted 8 weeks prior to the start date of the activity. All required supporting documents are to be submitted at the same time. Late fees will apply if the application form and /or supporting documents are received less than 8 weeks prior to the start date of the activity.

- Signed and completed Mainpro+ application form (pg. 7)

## As per general application form checklist:

- Invitations / promotional materials disseminated to participants: hardcopy, website, blogs, etc...
- Speaker invitation template and communication stating CPD criteria
- Signed letter/agreement (by both parties) outlining the terms, conditions, and purposes by which sponsorship is provided and that funds were received in the form of an educational grant
- If funding was received, provide the organization branding: logos, colors, symbols, etc...
- If the SPC/PO chooses to delegate to a third party payment of expenses, provide the signed agreement detailing the roles and responsibilities
- Copy of the schedule (preliminary if not finalized)
- Signed copy of the Financial Support / Content Development Disclosure Form (Scientific Planning Committee Chair, pg.14)
- Signed copy of the Financial Competing Interests Form (Scientific Planning Committee Chair, pg.15)
- Signed copies of the Declaration of Potential Conflict of Interest Form (Scientific Planning Committee Chair, Organizing Committee and all resource persons, pg.16)
- Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg.17) – Mandatory to complete
- Provide Scientific Planning Committee (SPC) meeting minutes, e-mail correspondence, etc... including discussion of key elements
- Needs Assessment: Summary
- Evaluation form
- PowerPoint Slide Set (PDF of slides not acceptable) – mandatory, in particular if the activity is funded by one for-profit or not-for-profit organization - not required for live single delivery large conferences featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPT(s) in both languages
- Slides that will be presented to participants with scientific planning committee conflicts of interest disclosure statements
- Slides that will be presented to participants with speaker conflicts of interest disclosure statements
- Signed Ethical review form and promotional materials for (Scientific Planning Committee Chair, pg. 19)

**PLEASE READ:** The content and all required supporting documents (final versions) are to be submitted at the same time as all application forms. Should the CPD office receive supporting documents less than 8 weeks prior to the start date of the activity, late fees will apply.

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Submit your completed application form and supporting documents via email: [cpd.med@mcgill.ca](mailto:cpd.med@mcgill.ca)

Submitting via Drop Box or another file hosting service: ensure to provide access for at least a 6-week duration and admission to multiple users.

Continuing Professional Development (CPD)  
McGill University  
2001 McGill College, Suite 1310  
Montreal, QC H3A 1G1  
CPD URL: <https://www.mcgill.ca/medicinecpd>



## IMPORTANT

**Note: Should the activity development, planning and implementation of the content and supporting documents not be eligible for accreditation/certification due to non-compliance with CPD standards as stated by our regulatory bodies, the McGill CPD Office reserves the right to not grant accreditation or certification.**

### Ensure to have:

- read the first 6 pages of the general application form, and that the program planning, development and implementation comply with CPD standards.
- provided accurate answers and **complete transparency** to all questions on all application forms. Note: should supporting documents and/or information listed on the checklists not be provided, the accreditation process will be delayed.
- listed the name of the Physician Organization (PO) on all application forms and that the PO meets the CPD definition of a physician organization.
- submitted final versions of content and all supporting documents (use the checklists provided) at the same time as the application forms (please submit only once). The accreditation review process will **not** begin until all supporting documents are received. Should the CPD office receive updated content or documents once the review process has started and/or receive the supporting documents less than 8 weeks prior to the start date of the activity, **late fees will apply**.
- not made reference to the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credit approval before the program officially receives approval. It is not permitted to state that credits are pending approval or applied for.
- submitted (if applicable) modifications or additional information at your earliest. Note: Your program will not be transferred to the next phase of the accreditation review process until all modifications or requests have been fulfilled. Failure to submit the requested modifications or additional information after a 3 week period, may result as a “non-approval” status for your activity.
- submitted a certificate request form or a certificate template for review (fees apply). Certificates are part of the ethical review process. We are mandated to ensure that certificates distributed to participants comply with CPD criteria.
- provided the strategy to manage potential or real conflicts of interest. In compliance with the **National standard for support of accredited CPD activities Element 3 - Standard 3.2**: The SPC is responsible to **review all disclosed financial relationships** (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... in advance of the CPD activity, to determine whether action is required to avoid commercial bias.
- provided SPC meeting minutes which include a discussion on the following key elements:
  - Needs assessment
  - Learning objectives
  - Evaluation outcomes from previous year(s) accreditation period (if applicable)
  - Content development
  - If funded, flow of funds
  - Review (method used) of all completed conflict of interest disclosure forms (SPC, speakers, moderators, etc...) and action plan if required to manage potential or real conflicts of interest

**Accreditation Terms:** Once an activity obtains accreditation approval, the content and/or all supporting documents submitted for review **cannot** be altered. Changing content without approval renders the accreditation null and void.