

# APPLICATION:: ACCREDITATION/CERTIFICATION OF CPD ACTIVITIES

**Royal College of Physicians and Surgeons of Canada (RCPSC MOC Section 1)**

**College of Family Physicians of Canada (CFPC Mainpro+)**

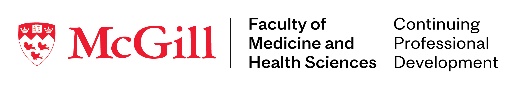
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| **IMPORTANT TO READ:**  **Accreditation/Certification Eligibility Information:** [**National Standard for Support of Accredited CPD Activities**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2017_national_standards_for_accredited_activities_en.pdf)**;** [**Mainpro+ Certification**](https://www.cfpc.ca/CFPC/media/PDF/Understanding-Mainpro-Certification-English-April15-2021.pdf)**;** [**MOC Section 1 & Section 3 Accreditation**](https://www.https:/www.royalcollege.ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit.htmlroyalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e)**;** [**All activities held in Quebec and seeking Mainpro+ Certification**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/code_cqdpcm_en_f20160101.pdf)**;**  [**CMA Guidelines - Physicians in Interactions with Industry**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/cma-guidelines-physicians-interactions-industry.pdf)  **Planning Phase:** Please review the ‘[**Infographic - CPD Activity Planning Process Overview**](https://www.mcgill.ca/medicinecpd/personnes/accreditation/planning-cpd-accreditedcertified-program/mcgill-cpd-accreditationcertification-planning-process)’ to ensure the activity is planned according to the ethical, educational, and administrative standards as per directives provided by CPD regulatory authorities.  **Guide to Accreditation and Certification:** For additional information on CPD standards and instructions on how to complete this application form, consult our CPD guide: **McGill CPD Guide to Accreditation and Certification – COMING SOON**  **Application Form:** To facilitate the accreditation/certification eligibility review process, ensure to complete our most up-to-date application form and that all questions are answered. To obtain our current form, please click the following link[**Application Form: Mainpro+ & MOC Section 1 Activities**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/general_accreditation_application_form.docx)  For additional templates, quick tips, etc., visit our website at [**McGill CPD - Accreditation/Certification Documentation**](https://www.mcgill.ca/medicinecpd/accreditation)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * If elements linked to the activity’s development, planning and implementation are not eligible for accreditation/certification as stated by our regulatory authorities, **the McGill CPD Office reserves the right to not grant accreditation/certification.** * Organizers must submit the completed application form and all supporting documentation at the same time (final versions). **Late fees will apply if the application form and/or supporting documents are received 8 weeks or less prior to the start date of the activity**. [**Step-by-Step Accreditation/Certification Guide**](https://www.mcgill.ca/medicinecpd/cpd-accreditationcertification-step-step-guide-1) * **If the activity has already occurred, it is not eligible for accreditation/certification.** |

1. **APPLICATION OVERVIEW**
2. **ACTIVITY INFORMATION**

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| The activity will be presented in: | 🞏English 🞏French | |
| The activity name in the language(s) of session(s): |  | |
| The activity start / end date(s): | Start: | End: |
| Was this activity previously accredited/certified by McGill? | 🞏 Yes 🞏 No | |
| If previously accredited/certified: Please provide   * the exact name of the activity: * the date of the accreditation/certification period: |  | |
|  | |
| Is accreditation/certification for this activity being sought with any other CPD provider, organization, etc.? | 🞏 Yes: Name of CPD provider:  🞏 No | |
| **Mandatory to answer:**  Please provide answers to all the questions in this section:  Activity website: | The estimated number of expected attendees:  Minimum: # Maximum: # | |
| Participants registration fee(s): $ | |
| Any additional costs to attendees (i.e. meals, etc. describe): | |
| Are you requesting an expedited review? (accreditation/certification eligibility update needed less than four (4) weeks from the date this application was submitted) | 🞏 Yes 🞏 No - If yes, additional fees will apply | |

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| Should McGill CPD promote your accredited activity on the CPD website?  (McGill & MUHC activities only – free of charge) | 🞏 Yes 🞏 No |
| If yes, please provide a brief description (2 to 3 lines) of the activity: | |

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| FOR CPD OFFICE USE ONLY: |  |



**ii. PHYSICIAN ORGANIZATION (PO):**

CPD activities must be developed and/or co-developed by a physician organization (PO). **The PO** **must be involved from the beginning of the planning process** **and throughout all phases of the development, planning and implementation of the activity.** Responsibilities include the identification of the educational needs, development of the learning objectives, selection of the educational methods, appointing speakers, moderators, facilitators and authors, mitigation of conflict of interest (CoI), management of finances, ensuring the scientific validity and objectivity of the educational content, and activity evaluation outcomes.

**The PO must meet CPD standards as defined by CPD regulatory authorities. NOTE:** If the PO does not comply with the stated [**definitions**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/definition-physician-organization.pdf), this activity will not be eligible for accreditation/certification.

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| **To determine if the PO meets CPD standards, please complete the table below:** |
| |  | | --- | | 1. Is the PO a McGill University or McGill University Health Centre (MUHC) unit? 🞏 Yes 🞏 No  If no, please complete question 2 to 5. | | 2. Is the PO registered as a not-for-profit Canadian (federal) corporation? 🞏 Yes 🞏 No  If the PO is registered as a provincial not-for-profit corporation, please provide the provincial business registry website: | | 3. Is the PO made up of a group of health professionals accountable to one group of specialists? 🞏 Yes 🞏 No | | Indicate the specialty: | | 4. Does the PO have a formal governance structure with official member bylaws? 🞏 Yes 🞏 No  **NOTE:** McGill CPD Office reserves the right to request a copy of the bylaws | | 5. Does the PO serve its members? 🞏 Yes 🞏 No | | If you answered ‘yes’ to questions 1 or 2 to 5, you may be compliant with standards as stated by CPD regulatory authorities.  We comply with the CPD standards mentioned above: 🞏 Yes 🞏 No | |

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| **Physician Organization (PO) responsible for the development of this activity:** (please use the exact corporation name as registered)   |  |  | | --- | --- | | PO Name: |  | | PO Website: |  | | Contact Person Name: |  | | Email: |  | |  | | | |

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| Was this activity co-developed with another organization? | 🞏 Yes 🞏 No |
| If yes, provide the name of the co-developing organization: |  |

## iii. SCIENTIFIC PLANNING COMMITTEE (SPC) / ORGANIZING PLANNING COMMITTEE (OPC)

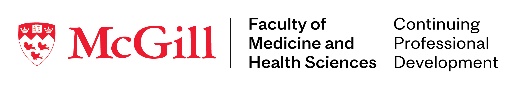
In accordance with the [**National Standard for Support of Accredited CPD Activities**](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf), being a member of the SPC implies having had significant involvement in the development, planning and implementation of the activity. Members of the SPC represent the PO and are accountable for all elements linked to this CPD activity, including how the content will be presented. As such, the SPC will be required to respond to any concerns regarding CPD standard violations.

Additionally, in accordance with [**the Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in CME**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/code-of-ethics_en-revision.pdf), the OPC is responsible for planning, organizing and managing a CPD activity.

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| **To determine who may or may not sit on a committee, consult the McGill CPD Guide to Accreditation and Certification – COMING SOON**  **NOTE:** The SPC must be made up of members of the target audience. If the SPC/OPC Committees do not comply with CPD standards as defined by CPD regulatory authorities, activities will not be eligible for accreditation/certification. |

**Scientific Planning Committee (SPC) Chair:** [**Quick Tip - Scientific Planning Committee - Roles & Responsibilities**](https://www.mcgill.ca/medicinecpd/scientific-planning-committee-spc)

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| --- | --- |
| Name: |  |
| University/Hospital Affiliation: |  |
| Contact Information: Email |  |



**Scientific Planning Committee (SPC) Members:** [**CRITERIA - Composition of SPC & OPC**](https://www.mcgill.ca/medicinecpd/cqdpcm-composition-scientific-planning-committing-spc-and-organizing-planning-committee-opc)

List all members of the SPC, including medical specialty/health profession and email address.

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| **Names of the SPC Members** | **Medical Specialty or Health Profession** | **Email** |
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**Organizing Planning Committee (OPC) Members:** List all members of the OPC, including employer name, title, and email address.

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| **Names of the OPC Members** | **Employer Name and Title** | **Email** |
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**iv. TARGET AUDIENCE - Check** ☑ **all that apply**

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| --- | --- |
| Family Physicians 🞏 |  |
| Other Specialists 🞏 | Indicate discipline(s): |
| Other Health Care Professionals 🞏 | Specify occupation: |

**v. CREDITS BEING REQUESTED**

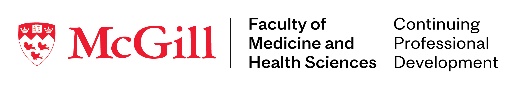
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| **Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification® (MOC)** | 🞏 |
| **College of Family Physicians of Canada (CFPC) Mainpro+** | 🞏 |
| **Both: RCPSC MOC & CFPC Mainpro+** | 🞏 |

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| **Number of credits being sought for this activity: \_\_\_\_\_\_\_\_\_\_ Credits**  **NOTE**: Exclude welcome messages, breaks, meals, completing evaluation forms or poster viewing (unless facilitated and planned in accordance with CPD standards as defined by CPD regulatory authorities) |
| Provide a detailed breakdown of the exact time required to complete the activity:  i.e.: 8:00 to 8:45 = .75 hour; 8:45 to 9:15 = .5 hour, etc... = 1.25 total number of hours/credits |

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| **Location the activity will be delivered** - **Check ☑ all that apply** | | | | | | | |
| Quebec | 🞏 | Newfoundland & Labrador | 🞏 | Ontario | 🞏 | Nova Scotia | 🞏 |
| British Columbia | 🞏 | Saskatchewan | 🞏 | Alberta | 🞏 | New Brunswick | 🞏 |
| Manitoba | 🞏 | Prince Edward Island | 🞏 | Other: | | | |

## vi. DESCRIPTION OF THE ACTIVITY – Include steps/tasks required to be completed by participants

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| For activities which include more than one component, credit and/or delivery method, include a description of the various steps participants are required to complete for each component, credit and delivery method: (i.e.: pre-activity reading, pre/post test, etc.) |
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**vii. ACTIVITY DELIVERY FORMAT - Check** ☑ **all that apply**

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| **Instructional Methods** | **Delivery** | | **Timing** | | **Number of Repetitive Sessions/Events**  (that will be held during the accreditation/certification period) |
| **In-Person or**  **Face-to-Face** | **Online or**  **Web-Based** | **Synchronous/Live** | **Asynchronous:**  **On-Demand** |
| Conference |  |  |  |  |  |
| Course |  |  |  |  |  |
| Workshop |  |  |  |  |  |
| Seminar Series |  |  |  |  |  |
| Rounds🞟 |  |  |  |  |  |
| Journal Club🞟 |  |  |  |  |  |
| Other (describe) |  | | | |  |

*🞟 If planning four (4) or more sessions of specialist rounds and/or journal clubs, please contact the Royal College directly*

## 

**[The Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification® (MOC)](https://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e)**

🞟 If only applying for CFPC Mainpro+ credits, PROCEED TO THE NEXT SECTION: The College of Family Physicians of Canada (CFPC)

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| **Type of credit being sought, please check ☑ all that apply:**  To ensure CPD compliance, consult the McGill CPD Guide to Accreditation and Certification pages XX – COMING SOON | |
| Name of the SPC member affiliated with the RCPSC: |  |
| **MOC Section 1: Group-Learning** 🞏 - Every 1 hour of educational content = 1 credit  [**RCPSC MOC Section 1 Group Learning Eligibility Criteria**](https://www.royalcollege.ca/rcsite/documents/continuing-professional-development/section-1-standards-e)  **MOC Section 3: Self-Assessment** **Program (SAP)** 🞏 - In addition to completing this form, please complete the SAP application form: [RCPSC - MOC Section 3 - Self-Assessment Program - SAP - Accreditation Application Form](https://www.mcgill.ca/medicinecpd/files/medicinecpd/accreditation_application_form_-_rcpsc_moc_section_3_-_self_assessment_program.docx)  Provide the exact time to complete the activity. For every hour to complete the activity, the RCPSC will automatically calculate hour(s) X 3  [**RCPSC MOC Section 3 Self-Assessment Program (SAP) Eligibility Criteria**](https://www.royalcollege.ca/rcsite/documents/continuing-professional-development/section-3-sap-standards-e)  **MOC Section 3: Simulation Program** 🞏 - In addition to completing this form, please complete the Simulation application form  [RCPSC - MOC Section 3 - Simulation Activity - Accreditation Application Form](https://www.mcgill.ca/medicinecpd/files/medicinecpd/accreditation_application_form_-_rcpsc_moc_section_3_-_simulation_program.docx)  Provide the exact time to complete the activity. For every hour to complete the activity, the RCPSC will automatically calculate hour(s) X 3  [**RCPSC MOC Section 3 Simulation Eligibility Criteria**](https://www.royalcollege.ca/rcsite/cpd/accreditation-simulation-programs-e) | |

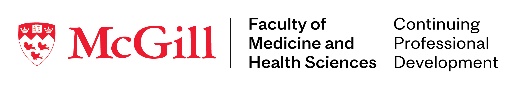
[**The College of Family Physicians of Canada (CFPC): Mainpro+®**](https://www.cfpc.ca/CFPC/media/PDF/Understanding-Mainpro-Certification-English-April15-2021.pdf)

🞟 If not applying for CFPC Mainpro+ credits, PLEASE PROCEED TO THE NEXT SECTION: viii. Contact and Payment

For a **provincial** face-to-face/live one-credit-per-hour activity, it is mandatory that a member of the SPC be affiliated with McGill University Faculty of Medicine and Health Sciences (FMHS). In addition, a member of the committee must reside in Quebec and be an active ‘Practicing Class’ member of the CFPC.

For a **national online** self-study one-credit-per-hour activity, it is mandatory that a minimum of three (3) active ‘Practicing Class’ CFPC members from any region of Canada (one must be a resident of Quebec) sit as members of the SPC. In addition, a member of the committee must be affiliated with McGill University Faculty of Medicine and Health Sciences (FMHS).

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| **Type of credit(s) being sought, please check ☑ all that apply:** | |
| Name of the SPC member affiliated with McGill University FMHS: |  |
| **Mainpro+®: Group-Learning** 🞏 - Every 1 hour of educational content = 1 credit  **Mainpro+®: Self-Learning** 🞏 - Every 1 hour of educational content = 1 credit  **Mainpro+®: Assessment** 🞏  To ensure CPD compliance, consult the McGill CPD Guide to Accreditation and Certification pages XX – COMING SOON | |



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| **For this activity, we meet the criteria for: please check** ☑ | |
| **Provincial Certification** 🞏 **Yes**  🞏 **No** | **National Certification** 🞏 **Yes** 🞏 **No** |
| \*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. | |

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| **Provincial certification:** | |
| Name of the SPC member that is an active ‘Practicing Class’ CFPC member and resides in Quebec: |  |

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| **National certification:** | | | |
| Names, practicing provinces and identification numbers of the SPC members that are active ‘Practicing Class’ CFPC members  (at least one must be from QC): | | | |
| **Name** | | **Practicing Province** | **Identification number** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| --- | --- | --- |
| **CFPC Target audience - Check** ☑ **all that apply:**   |  |  | | --- | --- | | * Academic Family Physicians * Interprofessional teams * Researchers * Residents | * Rural & Remote practicing Family Physicians * Urban practicing Family Physicians * Family Practice Anesthesia physicians * Other: | |

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | **CFPC Interest Groups:**   * 2SLGBTQ+ Health * Addiction Medicine * Cancer Care * Child and Adolescent Health * Chronic Pain * Dermatology * Developmental Disabilities * Emergency Medicine * Enhanced Skills Surgery * Family Practice Anesthesia | * Gastrointestinal and Digestive Health * Global Health * Health Care of the Elderly * Hospital Medicine * Maternity and Newborn Care * Mental Health * Occupational Medicine * Palliative Care * Physician Wellness and Resilience * Prison Health * Sport and Exercise Medicine | |

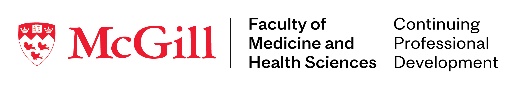
## CONTACT AND PAYMENT

## Contact Person for Inquiries – Accreditation/Certification/Administrative:

|  |  |
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| Name: |  |
| Employer name: |  |
| Telephone: |  |
| Email: |  |

## Invoice will be paid by (Insert the exact legal (registered) entity name and address):

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| --- | --- |
| Employer Name: |  |
| McGill Departments, provide FOAPAL #: |  |
| Contact Person for Financial Inquiries: |  |
| Telephone and Email: |  |
| Complete Mailing Address: |  |



1. **ETHICAL STANDARDS:**
2. **FINANCIAL ACCOUNTABILITY**

The PO and/or SPC can assume or delegate to a third party the payment of travel, lodging, legitimate out of pocket expenses and any honoraria offered to members of the SPC, speakers, moderators, facilitators and/or authors. **NOTE: these payments cannot be delegated to a commercial interest/activity sponsor.** However, the payment of logistical expenses (audiovisual arrangements, venue rental fees, catering, etc.) may be delegated to a commercial interest/activity sponsor.

**Mandatory:** All delegation of payments must be stated via a contractual agreement outlining the terms and conditions by which the funds will be disbursed. Regardless if the delegation of payments is pre-arranged, the PO and/or SPC must maintain oversight and accountability for the budget, expenditure(s) and deliverables of the agreement.

To ensure CPD compliance, consult the McGill CPD Guide to Accreditation and Certification pages XX – COMING SOON

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| Are payments of travel, lodging, and/or honoraria for SPC members, including resource persons’, made by the PO? | |
| 🞏 Yes, the PO is responsible to make the payments  🞏 No, the PO is not responsible to make the payments  🞏 No payments will be made to SPC members or other resource persons | |
| If no, provide the name of the third party to whom the payment of travel, lodging, legitimate out of pocket expenses and honoraria was delegated: |  |
| Copies of the signed agreement(s) are submitted with this accreditation/certification application submission (MANDATORY): | 🞏 Yes  🞏 No |

1. **FUNDING – FINANCIAL SUPPORT** [**Guidelines for Managing Commercial Support of CPD Activities**](https://www.mcgill.ca/medicinecpd/accreditation/guidelines-managing-commercial-support-cpd-activities)

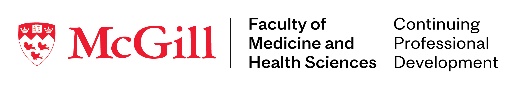
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| Was an educational grant and/or in-kind support received for the development, planning and implementation of this activity? | 🞏 Yes  🞏 No |
| Was sponsorship funding received for the rental of booth, display of commercial entity name on the activity website and program flyer, etc...? | 🞏 Yes  🞏 No |
| 🞏 If Yes, PLEASE COMPLETE THE SECTION BELOW  🞏 If No, PLEASE PROCEED TO SECTION iii. Non-Accredited/Non-Certified Activities | |

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| **Funding was received from: Check ☑ all that apply** | |
| 🞏 Pharmaceutical | 🞏 Medical Department |
| 🞏 Government Agency | 🞏 Other (please specify): |

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| --- | --- | --- |
| **NAME of Organization(s) Providing Financial or In-kind Funding** | **DESCRIPTION of how the Funds will be Expended** | **AMOUNT of the**  **Funding Received**  **(in CDN dollars – pre-tax)** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total support/funding received (pre-tax):** | | $ |

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| --- | --- |
| All funds received for the development, planning and implementation for this activity was provided in the form of an educational grant payable to the PO or a contractually delegated third party for management and disbursement. | |
| We comply with this standard: | 🞏 Yes  🞏 No |
| Name of the organization that received the funding in the form of an educational grant: |  |

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| The terms, conditions, and purposes by which funding was provided must be documented in a written agreement that is signed by the PO and the funder. | |
| We comply with this standard: | 🞏 Yes  🞏 No |



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| A copy of the written agreement(s) has been included with this application submission (MANDATORY): | 🞏 Yes  🞏 No |
| If applicable, the sponsorship prospectus has been submitted  with the application | 🞏 Yes  🞏 No  🞏 N/A |

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| The PO and/or SPC must have measures in place to ensure that interactions with commercial interest/activity sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright, and contractual law regulations. | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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| The PO and/or SPC will retain overall accountability for the finances linked to this activity: | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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| Please describe the process by which the PO and/or SPC retain overall accountability for the finances of the activity: |
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| The PO and/or SPC must recognize and disclose to participants all financial and in-kind support received from commercial interest/activity sponsors as part of a sponsorship acknowledgement page separate from all educational content: | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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| The SPC is not required to accept advice from commercial interest/activity sponsors as a condition of receiving financial/in-kind support. Specific interests must have no direct/indirect influence on the development, delivery, etc. of an accredited activity. | |
| We comply with this standard: | 🞏 Yes  🞏 No |

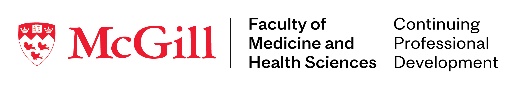
1. **NON-ACCREDITED/NON-CERTIFIED ACTIVITIES**

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| --- | --- |
| Are there any non-accredited/non-certified CPD activities connected to this activity? | 🞏 Yes  🞏 No |
| If yes, describe the strategies used by the PO and/or SPC to prevent the scheduling of non-accredited/non-certified CPD activities occurring at the same time and locations where accredited/certified activities are scheduled. | |
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**3. INDEPENDENCE OF THE PLANNING PROCESS**

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| In compliance with the [National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf), the PO and/or SPC must have control over the topics, content, and speakers selected for the activity. | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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| Provide an overview of the process by which the topics, content, and speakers were selected for this activity.  **NOTE**: The SPC committee meeting minutes must include a summary of these discussions: [Template - SPC Meeting Minutes](https://www.mcgill.ca/medicinecpd/files/medicinecpd/spc-program-planning-meeting-minutes.docx) |
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| The PO and/or SPC must assume responsibility for ensuring the scientific validity, objectivity, and balance of the content of this activity. | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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| Describe the process whereby the PO and/or SPC ensured the scientific validity, objectivity, and balance of the content of this activity: |
|  |

**i. DISCLOSURE AND MANAGEMENT OF POTENTIAL CONFLICT OF INTEREST (COI)**

|  |  |
| --- | --- |
| Did the SPC members, speakers, and all other resource persons complete a COI disclosure form?  [Declaration of Potential Conflict of Interest Form](https://www.mcgill.ca/medicinecpd/files/medicinecpd/coi_en.pdf) | 🞏 Yes  🞏 No |
| Will speakers, and all other resource persons complete a COI disclosure form? | 🞏 Yes  🞏 No |

\*It is the organizers’ responsibility to collect the CoI forms from SPC members and all resource persons (including the members of the organizing planning committee, presenters, moderators, facilitators, authors, etc.)

|  |
| --- |
| Describe the process by which the SPC reviewed **all** CoI forms to evaluate for the possibility of bias - Include a description of the process used to review the SPC members completed forms and all other resource persons’ completed forms.  **NOTE**: The SPC committee meeting minutes must include a summary of these discussions: [Template - SPC Meeting Minutes](https://www.mcgill.ca/medicinecpd/files/medicinecpd/spc-program-planning-meeting-minutes.docx) |
|  |

|  |
| --- |
| Indicate the mitigation strategies the SPC employed and/or will employ to mitigate potential bias.  [Strategies for Managing/Mitigating Identified Conflicts of Interest](https://www.mcgill.ca/medicinecpd/files/medicinecpd/mcoi_en_201912.pdf) |
|  |
|  |
| How are attendees made aware of the COI disclosures of SPC members and all other resource persons?  [TEMPLATE: Declaration of Conflict of Interest Slides](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2020-05_template_slides_for_coi_lo_en.pptx) |
|  |

**ii. COMMERCIAL INTEREST/ACTIVITY SPONSOR BRANDING (IF APPLICABLE)**

|  |  |
| --- | --- |
| Product-specific advertising, promotional materials or branding strategies (including corporate logos) cannot be included on, appear within, or be adjacent to:   * any materials containing educational content: slides, abstracts and handouts * activity agendas, flyers, programs or calendars of sessions (preliminary and final) * any webpages or electronic media containing educational content | |
| We comply with this standard: | 🞏 Yes  🞏 No |

**iii. USE OF GENERIC NAMES**

|  |  |
| --- | --- |
| Generic names or BOTH generic and trade names will be used on presentation slides and written materials: | |
| We comply with this standard: | 🞏 Yes  🞏 No |

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## 4. PLANNING PROCESS

**i. NEEDS ASSESSMENT:** The process of gathering information to identify the learning needs of the target audience.

|  |  |
| --- | --- |
| The learning needs identified have been considered in the development of this educational activity.  [Quick Tips - Conducting a Needs Assessment](https://www.mcgill.ca/medicinecpd/personnes/accreditation/quick-tips/quick-tips-conducting-needs-assessment) | 🞏 Yes  🞏 No |

|  |  |  |  |
| --- | --- | --- | --- |
| What sources of information were used by the SPC to develop this activity? **Check ☑ all that apply for determining perceived and unperceived learning needs of the target audience. (At least one perceived and one unperceived learning need must be checked)** | | | |
| **Perceived** | | **Unperceived** | |
| Input from Scientific Planning Committee (SPC)  **Provide SPC meeting minutes, email correspondence, etc…** | 🞏 | Self-assessment tests | 🞏 |
| Direct requests from the target audience | 🞏 | Chart audits / Practice data / Consultation data | 🞏 |
| Comments from previous activities | 🞏 | Quality assurance data from hospitals, regions | 🞏 |
| Questionnaires / Surveys of target audience | 🞏 | Published literature / New clinical practice guideline(s) | 🞏 |
| Focus groups / Nominal groups | 🞏 | Provincial databases or Question banks | 🞏 |
| Other (specify): | | Other (specify): | |
| Provide a description of how the perceived and unperceived needs of the target audience were assessed: | | | |
|  | | | |

|  |  |
| --- | --- |
| **Mandatory:** Submit the documentation (compiled summaries, literature, etc.) supporting the identified learning needs. All the documentation is included with this application submission: | **🞏** Yes  **🞏** No |

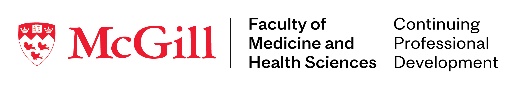
|  |
| --- |
| If this activity was accredited/certified in the past, describe how data collected from previously completed evaluation forms were considered during the needs assessment planning process for this activity. |
|  |
|  |
| Please identify the CanMED roles addressed in the needs assessment process: Check ☑ all that apply: |
| Collaborator 🞏 Family Medicine / Medical Expert 🞏 Leader 🞏  Scholar 🞏 Communicator 🞏 Health Advocate 🞏 Professional 🞏  For competency definitions, consult the McGill CPD Guide to Accreditation and Certification pages XX – COMING SOON  <https://www.mcgill.ca/medicinecpd/files/medicinecpd/canmed-roles-brief-overview.pdf> |

1. **LEARNING OBJECTIVES (LOs):** Learners must be made aware of the skills they will gain upon completion of an accredited/certified activity. Learning Objectives must be created for the overall activity and the individual sessions. Participants must be made aware of the learning objectives via the activity brochure, presentation slides/handouts, evaluation form, etc...

[Bloom Taxonomy - Action Verbs](https://www.utica.edu/academic/Assessment/new/Blooms%20Taxonomy%20-%20Best.pdf) / [Royal College - Quick Tips on Learning Objectives](https://www.royalcollege.ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit/cpd-activity-toolkit-creating-learning-objectives.html) / [CFPC - Quick Tips on Learning Objectives](https://www.cfpc.ca/CFPC/media/Resources/Continuing-Professional-Development/QTB_Writing_ENG_FINAL.pdf)

|  |
| --- |
| How were the identified needs of the target audience used to develop the overall and individual session/presentation learning objectives? |
|  |

|  |
| --- |
| What learning objectives have been developed for the **OVERALL** activity: |
|  |



|  |
| --- |
| What learning objectives have been developed for the **INDIVIDUAL SESSIONS/PRESENTATIONS – if available**: |
|  |

|  |  |
| --- | --- |
| Are the learning objectives printed/displayed on flyers, programs, evaluation forms, handout materials, etc..? | 🞏 Yes  🞏 No |
| List of the documents displaying the learning objectives: | |
|  | |

1. **EDUCATIONAL FORMAT**

|  |
| --- |
| How does the selected learning format(s) support the identified needs of the participants and the learning objectives for this activity? |
|  |

### **INTERACTIVITY AND ENGAGEMENT**

|  |  |
| --- | --- |
| Interactive learning at a CPD activity can change the educational focus from passive teaching to active learning. As such, all one-credit-per-hour group learning activities must incorporate a minimum of 25% of interactive learning. | |
| We comply with this standard: | 🞏 Yes  🞏 No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| What learning methods have been incorporated to promote interactive learning? Check ☑ all that apply: | | | |
| Question periods | 🞏 | Quizzes (i.e. touch-pad audience response system) | 🞏 |
| Small Group Discussions (including roundtables, debates, etc.) | 🞏 | Practice-based Learning | 🞏 |
| Meet the Expert Case Discussions | 🞏 | Other (specify): | |

1. **INCORPORATION OF EVIDENCE**

|  |
| --- |
| Describe how and what evidence was used in the development of this activity. |
|  |

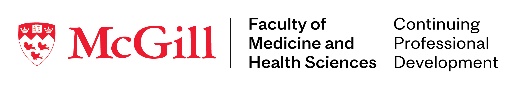
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| --- | --- |
| Any lack of evidence for assertions or recommendations must be acknowledged. | |
| We comply with this standard: | 🞏 Yes  🞏 No |

1. **BARRIERS TO CHANGE**

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| --- |
| How will barriers to practice change be addressed in this activity? |
|  |

1. **COMMUNICATION OF STANDARDS TO RESOURCE PERSONS**

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| --- |
| How will speakers be informed regarding the [CMA Guidelines for Physicians in Interactions with Industry,](https://www.mcgill.ca/medicinecpd/files/medicinecpd/cma-guidelines-physicians-interactions-industry.pdf) [the Innovative Medicines Canada Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/), [the National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf), and for activities delivered in Quebec, [the Code of Ethics - Conseil Québécois de développement professional continue des médecins](https://www.mcgill.ca/medicinecpd/files/medicinecpd/code_cqdpcm_en_f20150521.pdf)? |
|  |



|  |
| --- |
| How will resource persons be coached regarding the activity’s overall learning objectives, educational format, the use of evidence/references, the use of generic names, and other relevant educational standards including those of [the College of Family Physicians of Canada](https://www.cfpc.ca/en/education-professional-development/cpd-program-certification/cpd-program-certification) and [the Royal College of Physicians and Surgeons of Canada](https://www.royalcollege.ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit.html)? |
|  |

|  |  |
| --- | --- |
| A copy of the resource persons coaching template has been provided with this application (MANDATORY)  [Quick Tips - CPD Standards for Speakers](https://www.mcgill.ca/medicinecpd/quick-tips-speakers) | 🞏 Yes  🞏 No |

**viii. BREACHES IN STANDARDS**

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| --- |
| How will the SPC address breaches in ethical and/or educational standards should these occur during the delivery of the content? |
|  |

|  |
| --- |
| If this activity was delivered in the past and breaches linked to the ethical and/or educational standards occurred, please explain how this wasmanaged and what the SPC is doing differently as a result. |
|  |

1. **EVALUATION**

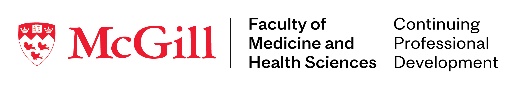
|  |
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| How will the activity be evaluated by participants? |
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| Describe how the learning objectives for the overall activity and the individual sessions are tied into the activity evaluation: |
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| 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 activity? |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Include the following questions on the evaluation form:   * Did the speaker make a disclosure statement (verbal and with slide)? (insert for each speaker) * Did you perceive any degree of bias in any part of the presentation? If yes, explain… (insert for each speaker) * If held in Quebec: Did the activity respect the Quebec Code of Ethics - [Conseil québécois de développement professionnel continu des médecins (CQDPCM)](https://www.mcgill.ca/medicinecpd/files/medicinecpd/code_cqdpcm_en_f20150521.pdf)? * This activity content has enhanced my knowledge: What did you learn or how will this activity impact/change in your practice? * Please indicate which CanMEDS roles you felt were addressed during this educational activity:   Check ☑ all that apply: (insert question for entire activity)   |  |  |  |  | | --- | --- | --- | --- | | Collaborator 🞏 | Professional 🞏 | Leader 🞏 | Scholar 🞏 | | Communicator 🞏 | Health Advocate 🞏 | Family Medicine/Medical Expert 🞏 | | |

|  |
| --- |
| Evaluation template submitted with this application submission: |
| 🞏 Yes, the above-mentioned questions were included on the activity evaluation form template  🞏 No, the above-mentioned questions were not included on the activity evaluation form template |



**DECLARATION: SCIENTIFIC PLANNING COMMITTEE CHAIR:**

## For the planning, development, and implementation of this activity, we consulted and comply with the following CPD standards:

## Check ☑ all that apply

|  |  |
| --- | --- |
| **Activities seeking Mainpro+ Certification:**  College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification  [CFPC - Understanding MAINPRO+ Certification](https://www.cfpc.ca/CFPC/media/PDF/Understanding-Mainpro-Certification-English-April15-2021.pdf) | 🞏Yes🞏No |
| **Activities seeking MOC Section 1 & Section 3 Accreditation:**  Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)  [RCPSC - Maintenance of Certification](https://www.royalcollege.ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit.html) | 🞏Yes🞏No |
| **Activities seeking Mainpro+ Certification and/or MOC Section 1 & Section 3 Accreditation:**  National Standards for Support of Accredited CPD Activities  [National Standards - Accredited CPD Activities](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf) | 🞏Yes🞏No |
| **Activities seeking Mainpro+ Certification and/or MOC Section 1 & Section 3 Accreditation;**  Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry  [CMA Guidelines - Physicians in Interactions with Industry](https://www.mcgill.ca/medicinecpd/files/medicinecpd/cma-guidelines-physicians-interactions-industry.pdf) | 🞏Yes🞏No |
| **All activities held in Quebec and/or for activities seeking Mainpro+ Certification:**  Le Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in Continuing Medical Education [CQDPCM - 2016 Code of Ethics](https://www.mcgill.ca/medicinecpd/files/medicinecpd/code_cqdpcm_en_f20160101.pdf) | 🞏Yes🞏No |

|  |  |
| --- | --- |
| The activity development, planning and implementation complies with all the CPD standards applicable: | 🞏Yes🞏No |

As Chair of the Scientific Planning Committee (SPC), I assume complete responsibility for the information provided in this CPD accreditation/certification application form and certify that the SPC members and speakers associated with this activity comply with the guidelines set forth in the CPD standards checked off above. In addition, I confirm: Check ☑ all that apply

🞏 the SPC and/or PO is accountable/responsible for the activity in its entirety including, finances, topics, content, speakers, mitigation of all CoI forms, the scientific validity and objectivity of the content and that there is no industry influence over any elements linked to the activity;

🞏 the SPC has reviewed the disclosure forms completed by SPC members, speakers and all resource persons and ensured appropriate conflict of interest management;

🞏 the resource persons are informed of accreditation/certification CPD standards and are instructed to submit content to the SPC for review prior to the activity start date, includes disclosure slides to declare CoI affiliations to participants, both with slide and verbally, and insert references within their presentations;

🞏 the financial and in-kind support received are in compliance with the[National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf). As a result, funding agreements were signed and countersigned. All agreements are included with this application submission;

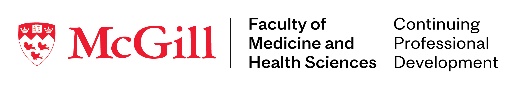
🞏 no later than eight (8) weeks following the completion of the activity, I will complete and submit to the CPD Office, a completed [Final Report Form](https://www.mcgill.ca/medicinecpd/files/medicinecpd/final_report_form_en.docx) and all supporting materials to finalize the certification process.

**DECLARATION:**

🞎 I accept responsibility for safeguarding the Accreditation/Certification Standards outlined throughout the enclosed application form

# 

**DATE:** (yyyy/mm/dd)  **SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)



**Financial Support Competing Interest Form**

|  |
| --- |
| **ACTIVITY NAME:** |

* This form is to be completed in detail for activities that have received financial support from a single for-profit or not-for-profit organization ONLY. However, regardless if the activity is funded by a single or multiple organizations, the Scientific Planning Committee Chair must date and sign this form.
* Should a for-profit or not-for-profit organization’s medication or device appear in the speakers’ slide set, **list all** similar medications or devices in clinical use or trials from **all** competitors.

List all the slides in which the product(s) or studies related to the for-profit or not-for-profit organization’s product(s) are mentioned.

|  |  |
| --- | --- |
| **For-profit or not-for-profit organization’s product(s)** | **Slides numbers where the products appear** |
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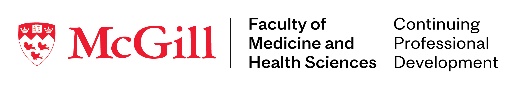
List all competing product(s) from other manufacturers that are either on the market or are undergoing clinical trials.

List the slides where the competing product appears.

|  |  |  |  |
| --- | --- | --- | --- |
| **For-profit or not-for-profit organization’s product** | **Competing**  **product** | **Competing**  **manufacturer** | **Slides where competing**  **products appear** |
|  |  |  |  |
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DATE: (yyyy/mm/dd) **SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)



**Ethical Review**

|  |
| --- |
| **ACTIVITY NAME:** |

An Ethical review ensures that CPD accredited/certified activities focus on the educational needs of physicians and not on ancillary benefits such as meals, entertainment, and social events.

The accreditation/certification approval for this activity is contingent upon the ethical review of the below-mentioned documents:

* All printed or electronic promotional materials, invitations, announcements, correspondence etc.… submitted to potential attendees
* Includes websites, blogs, etc...
* Activity location or venue
* Should the activity take place in various locations, provide a list of all locations
* Provide a list of meals, entertainment and/or social events
  + Include cost per attendee
  + Include cost assumed by attendees

* Additional materials provided to attendees/potential attendees
  + Course syllabus;
  + Promotional flyers;
  + Email messages;
  + Web links;
  + Certificate of completion (if submitting your own template; additional review fees apply); etc…

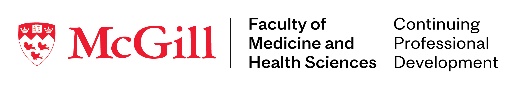
**IMPORTANT!**

**Receipt of the official** accreditation/certification approval **does not represent final approval. The above-mentioned materials for each session within an activity must undergo an** ethical review. Failure to comply may result in participants being unable to claim credits for their participation**.**

**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 authorities, the McGill CPD Office reserves the right to not grant accreditation or certification.**

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**DATE:** (yyyy/mm/dd)  **SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)



|  |
| --- |
| **ACTIVITY NAME:** |

**THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA (RCPSC)**

**Complete this page if requesting MOC Section 1 or 3 accreditation. Do not complete if requesting CFPC Mainpro+ certification.**

**DECLARATION OF RCPSC MEMBER FOR MOC® CREDITS**

To be awarded MOC Section 1 accreditation, it is mandatory that an affiliate of the Royal College of Physicians and Surgeons of Canada (RCPSC) be a member of the scientific planning committee (SPC) in the representation of the target audience of specialists. This implies having had significant involvement in the planning, organization, development and implementation of the activity as stipulated by the National Standard for Support of Accredited CPD Activities.

**SPC Chair or Member:** **as the RCPSC affiliate, I confirm to having had substantial input into the activity by:**

**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | being a member of the Scientific Planning Committee (SPC); |
| 🞏 | representing the target audience of specialists by ensuring the content is relevant to the specialty; |
| 🞏 | contributing the consideration of learning needs, the determination of learning objectives, development of the activity content, and the choice of speakers or presenters; |
| 🞏 | being informed of any financial or non‐financial incentives associated with the activity. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME – PLEASE PRINT CLEARLY RCPSC MEMBERSHIP NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE EMAIL**

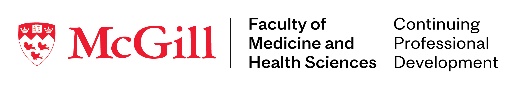
**DECLARATION: I hereby certify that,**

**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | I am an active member of the Royal College of Physicians and Surgeons of Canada (RCPSC); |
| 🞏 | I have had substantial input in the planning, organization, development, and implementation for this activity; |
| 🞏 | the content of the activity is relevant to specialists. |

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**SIGNATURE DATE (yyyy/mm/dd)**



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| **ACTIVITY NAME:** |

**THE COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) FOR MAINPRO+ CREDITS**

**Complete the next two page if requesting CFPC Mainpro+ certification. Do not complete if requesting MOC Section 1 or 3 accreditation.**

**DECLARATION OF MCGILL UNIVERSITY FACULTY OF MEDICINE AND HEALTH SCIENCES (FMHS) AFFILIATE:**

To be awarded Mainpro+ certification, it is mandatory that an affiliate of the McGill University FMHS be a member of the SPC in the representation of the target audience. This implies having had significant involvement in the planning, development and implementation of the activity as stipulated by the National Standard for Support of Accredited CPD Activities.

**SPC Chair or Member: as the McGill University FMHS affiliate, I confirm to have had substantial input by:**

**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | representing McGill CPD on the Scientific Planning Committee (SPC) for Mainpro+ credits; |
| 🞏 | contributing to the consideration of learning needs, the determination of learning objectives, development/assessment of the activity content and the choice of speakers ; |
| 🞏 | ensuring the content presented is scientifically valid and balanced; |
| 🞏 | being informed of any financial or non‐financial incentives associated with the activity; |
| 🞏 | ensuring the CPD activity adheres to certification and ethical CPD standards. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME – PLEASE PRINT CLEARLY CFPC ‘Practicing Class’ MEMBERSHIP NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE EMAIL**

**DECLARATION: I hereby certify that,**

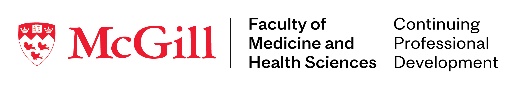
**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | I am a member of McGill University’s FMHS; |
| 🞏 | I have had substantial input in the planning, organization, development, and implementation of the content; |
| 🞏 | the content of the activity meets the above-mentioned CFPC requirements. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE** (yyyy/mmm/dd)

Continued – CFPC FOR MAINPRO+ CREDITS



**DECLARATION OF CFPC AFFILIATE - ‘PRACTICING CLASS’:**

To be eligible for Mainpro+ certification and for the University of McGill, Faculty of Medicine and Health Sciences (FMHS), CPD Office to award Mainpro+ credits, it is mandatory that a ‘Practicing Class’ affiliate of the CFPC be a member of the scientific planning committee (SPC) in representation of the target audience. This implies having had significant involvement in the planning, organization, development and implementation of the activity as stipulated by the National Standard for Support of Accredited CPD Activities.

**SPC Chair or Member: as the CFPC affiliate, I confirm to have had substantial input into the activity by:**

**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | being a member of the Scientific Planning Committee (SPC); |
| 🞏 | representing the target audience of specialists by ensuring the content is relevant to family medicine; |
| 🞏 | contributing the consideration of learning needs, the determination of learning objectives, development of content, and the choice of speakers; |
| 🞏 | being informed of any financial or non‐financial incentives associated with the activity. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME – PLEASE PRINT CLEARLY CFPC ‘Practicing Class’ MEMBERSHIP NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE EMAIL**

**DECLARATION: I hereby certify that,**

**Check ☑ all that apply**

|  |  |
| --- | --- |
| 🞏 | I am a family physician and an active ‘Practicing Class’ member of the CFPC, residing in Quebec; |
| 🞏 | I have had substantial input in the planning, organization, development, and implementation of this activity; |
| 🞏 | the content of the activity is relevant to family medicine. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE** (yyyy/mmm/dd)

**IMPORTANT**

**NOTE: Should an activity not be eligible for accreditation/certification due to non-compliance with CPD standards as stated by our regulatory authorities, the McGill CPD Office reserves the right to not grant accreditation/certification.**

**Ensure to have:**

* answered all questions and that the application form has been signed and dated. Ensure to have provided accurate answers and **complete transparency** to all questions. **NOTE**: should supporting documents not be provided, the accreditation/certification eligibility process will be delayed.
* listed the name of the **Physician Organization** (PO) on the application form and that the PO meets the CPD criteria as defined by our regulatory authorities.
* submitted all need assessment summaries used to identify the development of this educational activity.
* included the overall and presentation-specific learning objectives in the activity brochure and evaluation form.
* submitted final versions of the content and all supporting documents (use the checklist on page 19) at the same time as the application form. The accreditation/certification eligibility 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**.
* submitted PowerPoints with **no hidden slides** (if applicable, as defined on checklist on page 19)
* **not made reference to** the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credits before the activity officially receives approval. It is not permitted to state that credits are pending approval or applied for.
* submitted (if applicable) **modifications or additional information requested** at your earliest.  **NOTE**: the application submission will not be transferred to the next phase of the accreditation/certification eligibility review process until all information has been received.  Submit only the requested modifications/information in one email within 30 days of receiving the notification. Failure to submit the requested modifications within the 30-day period, the accreditation/certification application will be closed and review fees will be charged for services rendered.
* submitted a **certificate** request form or a 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 mandated 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...)
  + Action plan to manage potential or real conflicts of interest

**Accreditation/Certification 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/certification approval null and void.**

**Checklist**

Submit with the application package the complete and final versions of the following documents:

**NOTE: Naming conventions for files:** File names should be short, but descriptive (<15 characters)

|  |  |
| --- | --- |
|  | **Signed and completed** application form (SPC Chair signature, pg. 12) |
|  | Invitations / promotional materials: flyers, brochures, website links, blogs, etc... |
|  | Speaker invitation template and communication stating CPD standards [**Quick Tips for Speakers**](https://www.mcgill.ca/medicinecpd/quick-tips-speakers) |
|  | If funding was received: provide signed letter(s) of agreement(s) and the sponsorship prospectus |
|  | **NOTE:** must outline the terms, conditions, and purposes by which funding was provided and that funds were received as an educational grant |
|  | If funding was received: provide the commercial interest 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 (provide preliminary if not finalized) |
|  | Signed copy of the Financial Competing Interests Form – if applicable (Scientific Planning Committee Chair, pg.13) |
|  | Signed copies of the Declaration of Potential Conflict of Interest Forms – Scientific and Organizing Planning Committees [**Declaration of Potential Conflict of Interest Form**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/coi_en.pdf)  **NOTE:** The completed CoI forms for speakers, must be completed, collected, and retained by the activity organizer.  Ensure to submit with the [final report](https://www.mcgill.ca/medicinecpd/files/medicinecpd/final_report_form_en.docx) |
|  | Signed Ethical Review Form (SPC Chair signature, pg. 14) |
|  | If requesting RCSPC MOC credits: Declaration form to be completed by SPC member affiliated with RCPSC – (pg. 15) |
|  | If requesting CFPC Mainpro+ credits: Declaration form to be completed by SPC member affiliated with the McGill University FMHS and the CFPC member that resides in Quebec – (pg. 16 & 17) |
|  | Scientific Planning Committee (SPC) meeting minutes, **summary** of comments from email correspondence, etc.… ensure to include and highlight discussion of mandatory key elements [**TEMPLATE - SPC Meeting Minutes**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/spc-program-planning-meeting-minutes.docx) |
|  | Needs Assessment: summaries used to identify the development of the activity |
|  | Evaluation form: template that will be disseminated to participants [**TEMPLATE - Evaluation Form**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2019_evaluation_form_en.docx) |
|  | If requesting MOC credits (mandatory): Copy of Budget |
|  | PowerPoint Slide Set - Content (PDF of slides not acceptable) – mandatory for activities funded by one for-profit or not-for-profit organization - not required for live single delivery large conference featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPTs in both languages |
|  | Slides that will be presented to participants with the SPC and speakers conflicts of interest disclosure statements  [**PPT Template - Disclosing CoI**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2020-05_template_slides_for_coi_lo_en.pptx) |

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

**READY TO SUBMIT YOUR APPLICATION PACKAGE FOR REVIEW:**

Do not send duplicate documentation/submissions/emails. **Submit your complete package via email:** [**cpd.med@mcgill.ca**](mailto:cpd.med@mcgill.ca)

**Are you submitting your package via Dropbox or another file hosting service?** Ensure to provide access to multiple users for an 8-week duration.

**IMPORTANT: Once you have received an email and/or official letter stating that your activity was approved with CPD credits, it is not permitted to modify the content or supporting documents that were reviewed and approved. Should you modify any materials, you must obtain approval prior to disseminating. Changing content or supporting documentation without approval, renders the accreditation/certification approval null and void. NOTE: Fees to re-review will apply.**

Continuing Professional Development (CPD)

McGill University

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