Mainpro+ Certification Application Questions

Base form

The certification application questions listed below are for information purposes only. The College of Family Physicians of Canada (CFPC) and its provincial Chapters do not accept paper submissions. Applications submitted to the CFPC or Chapters for Mainpro+ certification must be made online via the CERT+ platform.

Program details

1. Do you intend to deliver this program in Quebec?

   ❑ Yes
   ❑ No

   If yes, please refer to the "Mainpro+ certification of programs delivered in the province of Quebec" section of the *Understanding Mainpro+ Certification* guide and read the specific requirements related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure do not meet the requirements, this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any sessions delivered in Quebec).

2. In what language(s) do you intend to deliver the program?

   ❑ English
   ❑ French
   ❑ Both

3. Program title:
4. Program start date:
5. Name of the physician organization accountable for this program (required for activities delivered in Quebec):
6. Provider organization name:
7. Contact name:
8. Email:
9. Telephone:
10. Select the program type:

    ❑ Hospital or clinical rounds program
    ❑ Journal club
    ❑ Faculty development program
    ❑ Regularly scheduled series

- ❑ A single-delivery conference, scientific assembly, congress, or similar event (excludes satellite symposia and ancillary sessions)
- ❑ Any other CPD program or activity

Financial

11. Will this program receive financial or in-kind sponsorship from an external organization?

   - ❑ Yes
   - ❑ No

   If yes, program providers are required to upload a copy of the program budget for review.

12. What kind of sponsorship has this program received or expects to receive from a for-profit organization?

   - ❑ Financial
   - ❑ In-kind
   - ❑ Both

13. Select they type of organization from which the program has received or expects to receive financial sponsorship:

   - ❑ Health care/pharmaceutical industry (HPI)
   - ❑ Other for-profit organization

14. Provide the name(s) of the HPI organization(s):
15. Provide the name(s) of the other for-profit organization(s):
16. What kind of sponsorship has this program received or will receive from a not-for-profit organization?

   - ❑ Financial
   - ❑ In-kind
   - ❑ None

17. Provide the not-for-profit sponsor name(s):
18. Describe the in-kind sponsorship from not-for-profit organization(s) you received or anticipate receiving:
19. Is this program self-funded by a for-profit organization?

   - ❑ Yes
   - ❑ No

20. Is a physician organization responsible for paying speaker and scientific planning committee honoraria and travel? (required for activities delivered in Quebec)

   - ❑ Yes

- ❑ No
- ❑ No honoraria or travel expenses will be reimbursed for this activity

21. Will this activity have an exhibit hall/exhibitor?

- ❑ Yes
- ❑ No

22. (if yes) Describe how the exhibit hall will be arranged and how the scientific planning committee has reviewed any incentives offered by exhibitors. If the event is virtual describe how participants will access the virtual exhibit hall. You must attach the exhibitor prospectus to this application.

23. I attest that the CPD provider organization has written agreements with the sponsor(s) outlining the terms, conditions, and purposes by which sponsorship is provided. Note: You must upload a copy of your agreement(s) to guarantee compliance with the National Standard for Support of Accredited CPD Activities.

- ❑ I agree

24. Does the CPD provider organization and/or scientific planning committee have measures in place to guarantee that interactions with the sponsor(s) meet professional and legal standards, including protecting privacy, confidentiality, copyright, and contractual law regulations?

- ❑ Yes
- ❑ No

25. Has the CPD provider organization made sure that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interest designated by the CPD provider organization?

- ❑ Yes
- ❑ No

26. Registration fee:
27. Additional costs to participants (describe in detail):
28. Describe in detail the social activities related to this program including when the activities take place in relation to the certified learning:

Location and credits

29. Select the program format:

- ❑ Live
    - ❑ In person
    - ❑ Webcast
- ❑ Online self-study

30.   Where will this program be delivered?

❑ Inside Canada
❑ Outside Canada

31.   Is this program being marketed to a single province/territory?

❑ Yes
❑ No

32.   Select all the provinces and/or territories in which the program will be marketed:

❑ Alberta
❑ British Columbia
❑ Manitoba
❑ New Brunswick
❑ Newfoundland and Labrador
❑ Northwest Territories
❑ Nova Scotia

❑ Nunavut
❑ Ontario
❑ Prince Edward Island
❑ Quebec
❑ Saskatchewan
❑ Yukon

33.   Identify the appropriate credit category

❑ Certified Activity
❑ Certified Assessment Activity

34.   What type of assessment is taking place? (if Certified Assessment Activity is selected).

❑ Group practice
❑ Individual practice
❑ Organization

35.   Does this activity included enhanced activities?

❑ Yes
❑ No

Certified Activity

Enhanced activities (must have selected Certified Activities for the credit category)

36.   Providers who wish to create opportunities for participants to earn additional optional credits may choose to include any of the following elements in their program. Select the optional activities you wish to include and respond to the additional questions.

❑ A needs assessment activity that can be completed by the actual program participants that incorporates data from their practice

- ❑ Practice tools and resources with follow up about impact on practice to increase practice relevance and to reinforce learning post-program
- ❑ An exercise that includes formal reflection on application of learning to practice over a realistic period to assess practice change
- ❑ An objective measurement of change in performance/competence/skill

37. Describe how these additional activities serve the program learning objectives. Upload a copy of the activity for review.

Certified Assessment Activity

Enhanced activities (must have selected Certified Assessment Activity for the credit category)

38. Providers who wish to create opportunities for participants to earn additional optional credits may choose to include the following elements in their program. Select the optional activities you wish to include and respond to the additional questions.

- ❑ Formal reflection on the application of changes to practice because of the assessment activity
- ❑ Completion and implementation of a practice improvement plan with follow up after a realistic period
- ❑ Completion of a knowledge test after a realistic period

39. Describe how these additional activities serve the program learning objectives:
40. Upload a copy of the activity for review.
41. Program duration requested:

   – Hours and minutes for base activity   _____
   – Hours and minutes for enhanced activities   _____

42. Are you seeking accreditation for this program with any other organization or group?

   ❑ Yes
   ❑ No

43. Organization name (if yes to above):
44. Number of credits:
45. Type of credits:
46. Does this program include teaching or demonstrating aesthetic medicine procedures?

   ❑ Yes
   ❑ No

47. Is this a modular program?

❑ Yes
❑ No

Planning

48. Is the scientific planning committee independent and responsible for content development?

   ❑ Yes
   ❑ No

49. Select the group(s) identified as the primary audience in the needs assessment (select all that apply):

   ❑ Academic family physicians
   ❑ Interprofessional teams
   ❑ Researchers
   ❑ Residents
   ❑ Rural and remote practising family physicians
   ❑ Urban practising family physicians
   ❑ Family practice anesthesia physicians

   Family physicians with a community of practice in:

   ❑ Addiction Medicine
   ❑ Cancer Care

   ❑ Child and Adolescent Health
   ❑ Chronic Pain
   ❑ Dermatology
   ❑ Developmental Disabilities
   ❑ Emergency Medicine
   ❑ Global Health
   ❑ Health Care of the Elderly
   ❑ Hospital Medicine
   ❑ Maternity and Newborn Care
   ❑ Mental Health
   ❑ Occupational Medicine
   ❑ Palliative Care
   ❑ Prison Health
   ❑ Respiratory Medicine
   ❑ Sport and Exercise Medicine

50. Identify the CFPC program planning/scientific planning committee member(s) actively involved in the program planning committee (they must confirm their involvement before the submitted program can be reviewed):

51. List all other planning committee/scientific planning committee members and their affiliations and expertise brought to the planning committee:

52. Does this activity include speakers and/or presenters/facilitators/coaches/peer reviewers/assessors?

   ❑ Yes
   ❑ No

53. We attest that the program/scientific planning committee was actively involved in:

   ❑ Determining learning needs
   ❑ Selecting topics
   ❑ Determining program content

- ❑ Selecting and training speakers/presenters (if applicable)
- ❑ Reviewing evaluations
- ❑ Reviewing conflict-of-interest disclosure forms and mitigating potential bias

54. Describe how the planning committee was selected and how they represent the target audience:

55. The scientific planning committee, speakers, moderators, facilitators, and authors have completed conflict-of-interest disclosure forms and potential conflicts of interest will be disclosed to participants.

- ❑ Yes
- ❑ No

56. Describe the scientific planning committee's process for selecting speakers and/or presenters/facilitators/coaches/peer reviewers/assessors:

57. The scientific planning committee has developed a process for managing disclosures of conflict of interest and mitigating bias for speakers and/or presenters/facilitators/coaches/peer reviewers/assessors.

- ❑ Yes
- ❑ No

58. Upload the program's three-step conflict-of-interest slides.

59. We attest that there is a communication plan in place to make sure presenters and facilitators are aware of:

- ❑ Mainpro+ education standards
- ❑ Program learning objectives
- ❑ CFPC conflict-of-interest disclosure slide presentation requirements
- ❑ All applicable ethical standards, including the National Standard for Support of Accredited CPD Activities

60. Upload speaker communication.

61. We attest that:

- ❑ This activity will not include content created by HPI organizations or agencies working on their behalf
- ❑ We will adhere to all ethical and administrative standards in the promotion and marketing of this activity

62. Program keywords: To help our members search for programs suited to their individual learning needs, please select the keywords most relevant to your program from the list:

- ❑ Academic medicine
- ❑ Addiction medicine

- ☐ Administration
- ☐ Adolescent medicine
- ☐ Allergy
- ☐ Allied health professionals
- ☐ Alternative/complementary medicine
- ☐ Anesthesia and analgesia
- ☐ Basic sciences
- ☐ Behavioural science
- ☐ Cancer care
- ☐ Cardiovascular medicine
- ☐ Cardiovascular surgery
- ☐ Child abuse
- ☐ Chiropractic medicine
- ☐ Chronic disease management
- ☐ Clinical practice guidelines
- ☐ Communication
- ☐ Community medicine
- ☐ Critical care
- ☐ Culture
- ☐ Dentistry/oral medicine
- ☐ Dermatology
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Drugs
- ☐ Emergency medicine
- ☐ Endocrinology
- ☐ ENT
- ☐ Environmental medicine
- ☐ Epidemiology
- ☐ Ethics
- ☐ Evidence-based medicine
- ☐ Faculty development
- ☐ Family practice/general practice/primary care
- ☐ Forensic medicine
- ☐ Gastroenterology
- ☐ General surgery
- ☐ Genetics
- ☐ Geriatric medicine/care of the elderly
- ☐ Global health
- ☐ Gynecology
- ☐ Health economics
- ☐ Health policy
- ☐ Hematology
- ☐ History
- ☐ Home care
- ☐ Hospitalist care
- ☐ Imaging techniques
- ☐ Immunology
- ☐ Indigenous health
- ☐ Infectious disease
- ☐ International medicine
- ☐ Laboratory medicine
- ☐ Legal/medico-legal
- ☐ Lifestyle
- ☐ Management
- ☐ Medical careers
- ☐ Medical education
- ☐ Medical informatics
- ☐ Medical students and residents
- ☐ Men's health
- ☐ Molecular medicine
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Nuclear medicine
- ☐ Nursing
- ☐ Nutrition and metabolism
- ☐ Obstetrics

- ❑ Occupation/industrial medicine
- ❑ Oncology
- ❑ Ophthalmology
- ❑ Orthopedic surgery
- ❑ Pain management
- ❑ Palliative care
- ❑ Pathology
- ❑ Patients
- ❑ Pediatrics
- ❑ Pharmacology
- ❑ Pharmacy
- ❑ Preventive medicine
- ❑ Prison medicine
- ❑ Psychiatry
- ❑ Psychotherapy/counselling
- ❑ Public health
- ❑ Radiation therapy
- ❑ Radiology
- ❑ Rehabilitation medicine
- ❑ Religion and spirituality
- ❑ Research methods
- ❑ Respiratory medicine
- ❑ Rheumatology
- ❑ Rural medicine
- ❑ Sexual health and medicine
- ❑ Sociology
- ❑ Sports and exercise medicine
- ❑ Statistics
- ❑ Surgery
- ❑ Thoracic surgery
- ❑ Toxicology
- ❑ Transplant medicine
- ❑ Travel medicine
- ❑ Tropical medicine
- ❑ Urology
- ❑ Vaccines
- ❑ Vascular surgery
- ❑ Women's health

Quality Criteria – Certified activities

Quality Criterion 1: Needs assessment and practice relevance

63. Select the needs assessment methods used to identify the perceived needs of the learners:

   - ❑ Surveys
   - ❑ Evaluation of feedback from previous educational events
   - ❑ Focus groups/interviews
   - ❑ Other – please specify

64. Select the needs assessment methods used to identify the unperceived needs of the learners:

   - ❑ Literature reviews
   - ❑ Referral patterns
   - ❑ Critical events reports
   - ❑ Reports of near misses
   - ❑ Epidemiological data analysis
   - ❑ Patient feedback/input from people with lived experience

- ❑ Gap analysis
- ❑ Other – please specify

65. Outline the needs identified from the data collected and how this led to identifying knowledge, skills, or behaviour gaps in CanMEDS-FM competencies:

66. Upload copies of the needs assessment.

67. List the learning objectives derived from the needs assessment results and the most applicable CanMEDS-FM competencies addressed by the learning objectives:

68. Include, if applicable, an explanation of how the diversity of patient populations was addressed/considered in the needs assessment process. If not, how this could be included in future programs?

Quality Criterion 2: Active learning, engagement, and program format

69. Describe how the activity design and format are appropriate for the content and allow the learner to achieve the learning objectives:

70. Select the methods used to meet the 25 per cent interactivity requirement:
    - ❑ Audience questions and answers period
    - ❑ Audience response systems
    - ❑ Case discussions
    - ❑ Quizzes and multiple-choice questions
    - ❑ Discussion boards
    - ❑ Small group breakouts
    - ❑ Game-based learning
    - ❑ Role playing
    - ❑ Artificial intelligence enabled tools
    - ❑ Simulation/immersive scenarios
    - ❑ Learning circles
    - ❑ Creative arts (therapeutic arts/storytelling)
    - ❑ Other – please specify

71. Upload a copy of the activity agenda or lesson plan that details time spent in each intervention and interactive elements.

72. Explain how participation is tracked and how learners can ask questions and receive answers about the program content:

73. Explain how you considered information and perspectives from various cultural, social, and demographic backgrounds to enrich the learning experience:

74. Explain the specific strategies used to make sure the program content reflects diverse perspectives relevant to the topic/content discussed. If you have not considered this, explain why not and how you might incorporate this in the future.

75. Describe your approach to designing instructional and learning activities that accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge. If you have not incorporated this approach, explain why not and how you might incorporate this in the future.

76. Provide examples of how you created an inclusive learning environment that considers the accessibility needs of diverse participants:

Quality Criterion 3: Incorporation of evidence

77.	Select the sources of evidence used to design and support the activity content:

- ❏	Systematic reviews of studies with/without meta-analysis
- ❏	Observational studies such as prospective or retrospective cohort studies, case-control studies, and case reports
- ❏	Randomized control trials and non-inferiority studies
- ❏	Clinical guidelines or resources that summarize evidence
- ❏	Pedagogical literature
- ❏	Social sciences literature
- ❏	Humanities literature
- ❏	Business literature
- ❏	Other – please specify

78.	Describe how the evidence was identified and selected:

79.	Will this activity include discussion of off-label or unapproved treatments?

- ❏	Yes
- ❏	No

80.	If yes, explain the relevance of these treatments over approved options:

Quality Criterion 4: Evaluation and outcome assessment

81.	Select the evaluation formats used in this activity:

- ❏	Evaluation form (online or paper-based)
- ❏	Observation and feedback on performance
- ❏	Project completion/grading
- ❏	Exam/quiz/test
- ❏	Other – please specify

82.	Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:

83.	Upload a copy of the evaluation forms (formats), which include the following:

- ✓	A self-reported change in knowledge/skill/performance
- ✓	Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)
- ✓	Evaluation of learning activity effectiveness (e.g., format, design, facilitators, relevance, etc.)
- ✓	Evaluation of learner confidence in achieving/implementing program learning objectives
- ✓	Collected data that can be disaggregated to make sure that feedback from equity-seeking learners can be highlighted and analyzed

- ✓ Collected learners' feedback about the activity facilitation and delivery, as well as how well the instructors or facilitators created a safe, accessible, and productive learning environment for exploring and advancing knowledge and skills
- ✓ If delivered in Quebec, includes the following question:
    - Did the activity respect the CQDPCM code of Ethics? Yes or No

84. Describe how evaluation feedback is used, who receives it, how often , and how it is used for quality improvement:

Quality Criteria – Certified Assessment Activities

Quality Criterion 1: Needs assessment and practice relevance

85. Select the needs assessment methods used to identify the need for the assessment activity:
    - ❑ Regulatory requirements
    - ❑ Practice guideline changes
    - ❑ Safety protocols
    - ❑ Surgical procedures/checklists
    - ❑ Strategic/operational plans
    - ❑ Student/patient feedback
    - ❑ Other – please specify

86. Outline the needs identified from the data collected and how this led to the assessment chosen:
87. Upload copies of the needs assessment.
88. List the learning objectives derived from the needs assessment results and the most applicable CanMEDS-FM competencies addressed by the learning objectives:
89. Describe how assessors, if they are used, are selected and trained:
90. Explain, if applicable, how the diverse patient populations were addressed/considered in the needs assessment process. If not, how this could be included in future programs?

Quality Criterion 2: Active learning, engagement and program format

91. Select the practice data sources that participants used:
    - ❑ EMR data/patient records
    - ❑ Teaching assessments
    - ❑ Patient feedback
    - ❑ 360 feedback
    - ❑ Other – please specify

92. Describe how you determined that the activity time frame is feasible for meeting the learning objectives:

93. Explain how information and perspectives from various cultural, social, and demographic backgrounds were incorporated to enrich the assessment experience:
94. How did you design this assessment activity to accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge? Specify the strategies used to make certain the assessment activity reflects the diverse perspectives relevant to the activity's focus:
95. How did you make sure this assessment activity considered the accessibility needs of diverse participants?
96. Upload an example of the assessment tool/format.

Quality Criterion 3: Incorporation of evidence

97. Describe the sources of evidence used to design and validate this assessment activity:
98. Will this activity include discussion of off-label or unapproved treatments?

   ❑ Yes
   ❑ No

99. If yes, explain the relevance of these treatments over approved options:

Quality Criterion 4: Evaluation and outcome assessment

100. Select the objective measurements of change used for this activity:

   ❑ Fulfillment of a quality improvement cycle
   ❑ Commitment to change contract with follow-up
   ❑ Observation and feedback in a practice setting
   ❑ Summative assessment of change in knowledge/skill/performance
   ❑ Others – please specify

101. Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:
102. Upload a copy of the evaluation forms (formats), which include the following:

   ✓ An objective measurement of change in competence and/or clinical performance for learners
   ✓ Evaluation of assessment activity effectiveness (e.g., format, design, assessors, coaches, relevance etc.)
   ✓ Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)
   ✓ Evaluation of learner confidence in achieving/implementing program learning objectives
   ✓ Collected data that can be disaggregated to make sure that feedback from equity-seeking learners can be highlighted and analyzed

- ✓ Collected learners' feedback about the facilitation and the delivery of the activity,
- ✓ If delivered in Quebec, includes the following question:
  - Did the activity respect the CQDPCM code of Ethics? Yes or No

Additional upload requirements for review

- ✓ Previous evaluation results
- ✓ Program agenda and/or program invitation or brochure
- ✓ Sponsor branding
- ✓ Program/activity content
- ✓ Description of the assessment tool
- ✓ Any other relevant materials