To obtain Mainpro+ certification for a provincial face-to-face/live one-credit-per-hour activity, 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 College of Family Physicians of Canada (CFPC).

To obtain Mainpro+ certification for a national online self-study one-credit-per-hour activity, 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 is presented and will be required to respond to any concerns regarding guideline violations.

For this activity we meet the criteria for CFPC:

- Provincial Certification □ Yes □ No
- National Certification □ Yes □ No

1 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 administered 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

FAX

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 or presenters.
- 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:

<table>
<thead>
<tr>
<th>NAME – PLEASE PRINT CLEARLY</th>
<th>MEMBERSHIP NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>FAX</td>
<td></td>
</tr>
<tr>
<td>EMAIL</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE (yyyy/mmm/dd)</th>
</tr>
</thead>
</table>

If requesting CFPC Mainpro+ national certification\(^1\) for an online self-study one-credit-per-hour activity, provide three (3) names of the scientific planning committee members affiliated with the CFPC: Mandatory to answer

<p>| Name the three (3) active members affiliated with the CFPC from any region of Canada (one must be a resident of Quebec) |
|---------------------------------------------------------------|---------------------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Member Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician organization name: Mandatory to meet the criteria as stated on pages 3-4 of this application form under the heading "Definition of a Physician Organization"

<table>
<thead>
<tr>
<th>Name of Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Facsimile:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

---

\(^1\) 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:

<table>
<thead>
<tr>
<th>Province</th>
<th>Region</th>
<th>Province</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quebec</td>
<td>Newfoundland &amp; Labrador</td>
<td>Yukon</td>
<td>Ontario</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Northwest Territories</td>
<td>Alberta</td>
<td>Nova Scotia</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Prince Edward Island</td>
<td>Nunavut</td>
<td>New Brunswick</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Other than Canada</td>
<td>City</td>
<td></td>
</tr>
</tbody>
</table>

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 the type(s) of for-profit 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 the type(s) of for-profit 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 and travel:

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:

   7.1 - Selection of topic:

   7.2 - Determination of activity content:

   7.3 – Selection/training of speakers/presenters:

   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 Quebecois 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 (pages 26-27), and program learning objectives they will address? What kind of instructions will be given?

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 □
- Family Medicine Expert □
- Manager □
- Scholar □
- Communicator □
- Health Advocate □
- Professional □

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:

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Collaborator</th>
<th>Family Medicine Expert</th>
<th>Manager</th>
<th>Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communicator</th>
<th>Health Advocate</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Did the presenter 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)