CPD GENERAL ACCREDITATION/CERTIFICATION APPLICATION FORM

Continuing Professional Development (CPD)
Faculty of Medicine, McGill University

The Continuing Professional Development (CPD) Office, McGill University, is accredited by the Committee on Accreditation of Continuing Medical Education (CACME). As a result, the Office is permitted to assign MOC Section 1 and Section 3 credits for the Royal College of Physicians and Surgeons of Canada (RCPSC) and Mainpro+ credits for the College of Family Physicians of Canada (CFPC).

McGill CPD Office Mission Statement:
The CPD Office accredits continuing medical education/professional development activities for health care professionals and provides continuing professional development for physicians in order to sustain their competence in the CanMEDS roles in caring for the diverse patient populations in Quebec’s practice environment. The CPD Office contributes to lifelong learning by means of relevant and learner-centered onsite and distance educational programs. It carries out research and scholarship driven by and contributing to best practices.

Prior to Developing/Planning a CPD Activity:
We strongly recommend reading the CPD Planning Process: CPD Accreditation/Certification Planning Process

Learn about CPD Updates: CPD Updates

Helpful Templates to Help Plan an Activity:

Evaluation Forms:
TEMPLATE - Evaluation Form - Per Presentation
TEMPLATE - Evaluation Form - Several Presentations

Participant Lists:
TEMPLATE - Excel Spreadsheet – All Participants List
TEMPLATE - Excel Spreadsheet – All Participants List - Per Date

Sign-In Sheet:
TEMPLATE - Sign-in Sheet

Certificate Request Form:
Certificate Request Form

Conflict on Interest Form – To be completed by all Resource Persons:
Conflict of Interest Form

Completed Conflict on Interest Form - Listing
Activity Resource Person List - Completed COI Forms Submitted

Final Report Form:
Final Report - Submit 8 weeks after the end of the accreditation period

Conflict of Interest and Learning Objectives Slides:
TEMPLATE - Conflict of Interest and Learning Objectives Slides
CPD Accreditation/Certification Criteria:

- College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification
  [CFPC - Understanding MAINPRO+ Certification]
- Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)
  [RCPSC - Maintenance of Certification]
- National Standards for Support of Accredited CPD Activities
  [National Standards - Accredited CPD Activities]
- Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry
  [CMA Guidelines - Physicians in Interactions with Industry]

CPD Accreditation/Certification – Frequently Asked Questions (FAQ’s)

- Royal College of Physicians and Surgeons of Canada - RCPSC [Royal College Accreditation Toolkit - FAQ’s]
- The College of Family Physicians of Canada – CFPC [College of Family Physicians - CPD FAQ’s]
- National Standard for Support of Accredited CPD Activities [CFPC - Commonly Referenced Resources]
  [RCPSC - FAQ’s for Implementation of CPD National Standards]
  [CFPC - FAQ’s for Implementation of CPD National Standards]

CPD McGill University Policies and Documentation:


CPD CRITERIA:

The aim of the CQDPCM code of ethics is to safeguard the integrity of CPD activities from the influence of sponsoring organizations that could lead to bias. Accordingly, to develop and plan a CPD activity, in particular for activities being held in Quebec, ensure to engage two (2) Committees:

1. Scientific Planning Committee (SPC): includes representatives of the target audience and as such consists of members of the RCPSC and/or members of the CFPC. The SPC does not include representative(s) of commercial interests. View our Quick Tips for SPC document: [Quick Tips - Scientific Planning Committee (SPC)]

2. Organizing Committee: is responsible for planning, organizing and managing a CPD activity and as such consists of scientific planning committee member(s) and administrative staff and/or organization on behalf of a physician organization.

To apply for Accreditation/Certification:

- You must develop/co-develop the program with a physician organization/accredited CPD provider. Physician organizations may also co-develop activities with non-physician organizations or an accredited CPD provider. (see definition of a physician organization on page 3 and 4)
CPD CRITERIA: continued

- The SPC conducted a needs assessment of the target audience. Conducting a Needs Assessment

- The activity objectives have been defined according to the needs assessment. CFPC - Criteria on Learning Objectives

- The SPC had/has control over and assumes responsibility for topics, content and speaker selection; appropriateness of the format and environment for learning; conflict of interest management and the scientific validity and objectivity of the activity. There was/will be no industry influence over any of the planning aspects for this activity. Template - PPT - Displaying COI and Learning Objectives

- The SPC had/has the responsibility to ensure that content presented avoids copying images, videos, tables, cartoons, and graphs from copyright publications. Copyright Criteria:
  - Use your own material. Avoid copying images, videos, tables, cartoons, and graphs from copyright publications. If you do need to do so, it is best to redraw graphs and tables and fully reference the source on the slides;
  - No patients' images permitted, unless you have written consent and/or the patient cannot be identified. Also there should be no names, hospital numbers or other patient IDs on your content;
  - If you use material from other sources, reference the slide(s): (e.g. table/graph name of journal article)

- The SPC had/has the responsibility to ensure that content lists key references providing evidence of claims.

- Appropriate evaluation will be conducted and includes an opportunity to evaluate the activity. Including: assessment of bias; learning objectives; reflection; balance and identification of the CanMEDS roles.

- A minimum 25% of the activity is defined as interactive learning.

- The SPC had/has the responsibility to ensure speakers were/will be provided with specific instructions regarding the criteria for disclosing conflicts of interest to participants; Guidelines provided include: CMA Guidelines for Physicians in Interactions with Industry, the Innovative Medicines Canada Code of Ethical Practices; and for programs delivered in Quebec the Code of Ethics for Parties involved in Continuing Medical Education of the Conseil Québécois de développement professionnel continu des médecins? View our Quick Tips for Speakers document: Quick Tips - CPD Speaker

- All funding organizations (for-profit and not-for-profit) must be identified to participants using the mandated sponsor acknowledgement statement: “This program has received an educational grant or in-kind support from (name of funding organization(s)” (not permitted on material containing educational content). The sponsors will be listed in one place and will be displayed with the same font: identical appearance and font size, no logos are permitted; Content will enclose generic product names only and will be free of commercial bias, no commercial names permitted. A balanced view of therapeutic options will be presented. Exhibits will be located in a separate room from the educational activity. No tagging is permitted.

- Budget Transparency: all sources of revenue, expenses and intent for any profits related to this activity (detailed budget, letter of agreements, etc...) must be submitted to the CPD office for review. Kindly ensure that all funds received in support of this activity were provided in the form of an educational grant payable to the physician organization for management and disbursement.

- Declaration of potential conflict of interest forms (CoI) must be completed by the SPC, the organizing committee and all other resource persons. Minimally the completed CoI forms from the SPC must be submitted with the completed application form to the McGill CPD Office for review. Additionally, the SPC members must disclose conflicts of interest to participants verbally and with slide or written material.

- Processes/strategies for managing/mitigating identified conflicts of interest are required to have in place: Quick Tips - Mitigating Identified Cols
Calculating credits: every 1 hour of educational content = 1 credit. Do not include time allotted to welcome messages, breaks, meals, poster viewing or completing lecture evaluations. (ex.: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc...)

DEFINITION OF A PHYSICIAN ORGANIZATION (PO): Definition of a Physician Organization

As per the CQDPCM Code of Ethics: A for-profit or not-for-profit organization that has more than one health care professional as a member.

Types of organizations that are considered Physician Organizations:

- Educational institutions
- Medical clinics
- Professional associations, scientific organizations and physician groups
- Faculties of medicine
- Other medical organizations at the provincial or national level

As per the National Standards for Support of Accredited CPD Activities: A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development
- Provision of health care
- Research

Types of organizations that are considered Physician Organizations:

- Faculties of medicine
- Hospital departments, units or divisions:

**NOTE: Hospitals are not considered Physician Organizations**

Three (3) physicians that are developing the activity from the same department within the faculty of medicine are considered to be a physician organization. If the three physicians are from different departments within the faculty, the group cannot be equated as a PO for the reason that a physician organizations must have a formal governance structure, accountable to and serving, among others, its specialist physician members.

Medical (specialty) societies
- Medical associations
- Medical academies
- Physician research organizations
- Health authorities not linked to government agencies

Types of organizations that are not considered Physician Organizations:

- Industry: pharmaceutical companies and their advisory groups, medical and surgical supply companies, medical device companies, communication companies and other for-profit organizations
- Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada, CIUSS, etc...)
- For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
- Small number of physicians working together to develop educational programming
- Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)

Under the current CPD National Standards, the physician organization (PO) is responsible for the management and disbursement of funds, including honoraria payments to all resource persons; funds are to be received in the form of an educational grant payable to the SPC/PO. In Quebec: in compliance with the CQDPCM code of ethics, the funds received must be in the form of an educational grant payable to the PO; The SPC/PO may choose to delegate to a third party the payment of logistical costs such as audiovisual arrangements, venue rental fees, catering, etc. The CPD provider organization or SPC can never delegate to the sponsor(s) the payment of travel, lodging, legitimate out of pocket expenses and honoraria offered to resource persons; If the CPD provider chooses to delegate to a third party the payment of travel, lodging, legitimate out of pocket expenses and honoraria offered to resource persons, the SPC/PO must have a signed written agreement/contract available. The SPC/PO is responsible to receive all funds before delegating these payments. The CPD provider organization or SPC is responsible to maintain oversight of the budget expenditure(s).
Hints to determine if the physician organization (PO) complies with the above mentioned definitions:

1. Is the PO a not-for-profit organization? □ Yes □ No
   (for activities only being held in QC and requesting MOC credits, for-profit organization may be acceptable)
2. Is the PO made up of a group of health professionals accountable to specialists? □ Yes □ No
3. Does the PO have a formal governance structure with official member bylaws? □ Yes □ No
4. Does the PO serve its members? □ Yes □ No

If you have answered yes, to the four above mentioned questions, the PO may be acceptable.

CQDPCM CODE OF ETHICS - ACTIVITIES HELD IN QUEBEC:

As per the CQDPCM code of ethics, CPD accredited and non-accredited must comply with the following:

Logos or tagging are not permitted:

- It is not permissible to include logos within the header or footer for PowerPoint slides, handouts, etc.
- It is not permissible to use colors and/or color schemes commonly associated with a company and/or one or more of its products for PowerPoint slides, handouts, etc.
- Funding organizations must be listed together in one location at the same time in the activity materials without logos; the names must all be the same size; the names must all be the same font.
- Funding organizations booths should be located in a separate room from conference rooms where education content is being presented.
- Funding organizations may be disclosed on materials not containing educational content or accreditation statements as per the following: This program has received an educational grant from.....

FINANCIAL CONSIDERATIONS:

It is mandatory to link with a physician organization prior to developing a program.

- All financial contributions made from all sources (example: pharmaceutical, government agency, physician organization, medical department, etc....), must be made in the form of an educational grant payable to a physician organization and must be disclosed to the CPD provider via the application form.

APPLICATION REVIEW FEES:

An invoice or quotation indicating all fees (processing fee, type of event fee, and etc..., + applicable taxes) linked to your activity will be submitted to you.

1. **External to McGill:**
   McGill’s Accounts Receivable Office will be sending you a detailed invoice with all applicable fees.

2. **Hospital Departments:** This is a hospital policy. Note: We require a purchase order (PO) document from your Purchasing Department. The PO document must be sent to the CPD Office prior to the completion of the review process. If the PO document is not received, we reserve the right to withhold the accreditation/certification status.
   Please issue the purchase order document under the Vendor/Supplier indicated below:

   McGill University
   Accounts Receivable
   3465 Durocher St., Suite #323
   Montreal, QC H2X 0A8
   Contact: Maria Anania – maria.anania@mcgill.ca
   Telephone: 514-398-2311 | Fax: 514-398-1327
3. McGill University Offices/Units - paying via FOAPAL:
   The CPD Office will be sending you a detailed invoice with all applicable fees. Note: Invoices paid via FOAPAL are GST and QST exempt

**PLEASE READ THESE IMPORTANT CPD DIRECTIVES:**

This general CPD Accreditation/Certification Application form, including all supporting documents, must be submitted 8 weeks prior to the start date of the activity. NOTE: all required supporting documents are to be submitted at the same time as the application form.

- Approval and accreditation/certification are **not retroactive**.
- It is **no longer permitted** to make reference to the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credit approval before the program officially receives approval. It is not permitted to state that credits are pending approval or applied for.
- Organizers who fail to submit the completed application form and all supporting materials prior to the deadline might not receive approval in time for their first session.
- Organizers must **submit the completed accreditation/certification application forms and all supporting materials at the same time**. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity. Should the McGill CPD Office receive missing documents less than 8 weeks prior to the start date of the activity, late fees will apply.
- Modifications or additional information may be requested. All modifications are to be submitted by the due date. Your program will not be transferred to the next phase of the accreditation review process until all requests are fulfilled. Failure to submit the requested modifications or additional information prior to the due date, **may result as a “non-approval” status for your activity**.
- The content of any learning activity is accredited based on the accreditation package submitted, including content and/or all modifications implemented that were requested by McGill’s CPD Office. Any change in content, or any other aspects of an activity, must be approved prior to delivery. **Changing content without approval, renders the accreditation approval null and void.**

**Ready to Submit a CPD Application Form**

Step-by-Step Guide of the McGill CPD Accreditation Process:
[Step-by-Step Accreditation/Certification Guide](http://cpd.mcgill.ca)

Submit your accreditation/certification application forms and supporting materials via email: [cpd.med@mcgill.ca](mailto:cpd.med@mcgill.ca)

*Do not send duplicate submissions. Hardcopies of the accreditation package are no longer accepted.*

Should you be submitting your accreditation application form and supporting materials via Drop Box or another file hosting service, please ensure to provide access for at least a 4 week duration and admission to multiple users.

**IMPORTANT:** Once you have received an email and/or official letter stating that your activity was approved with CPD credits, you are **not permitted to modify the content**. Should you modify any materials, you must obtain approval prior to disseminating. Note: Fees may apply.
CPD GENERAL ACCREDITATION/CERTIFICATION APPLICATION FORM

Dear Applicant,

It is mandatory to **answer all** the questions, if a question does not apply to the activity insert N/A. **Please sign, date and submit all supporting documentation.**

We are not permitted to accredit and/or certify an activity retroactively.

To facilitate the certification process, please ensure you are completing the most up-to-date application form. Consult our web site at: [http://cpd.mcgill.ca/php/documents.php](http://cpd.mcgill.ca/php/documents.php)

**ACTIVITY INFORMATION:**

<table>
<thead>
<tr>
<th>Activity Name (English):</th>
<th></th>
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<tbody>
<tr>
<td>Activity Name (French):</td>
<td></td>
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<tr>
<td></td>
<td>Provide only if program will be presented in French</td>
</tr>
<tr>
<td>Name of Physician organization affiliated with the development or co-development of this activity:</td>
<td>Mandatory to answer</td>
</tr>
<tr>
<td>(see pages 3 &amp; 4 for definitions)</td>
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</tr>
<tr>
<td>Physician Organization URL/ Web Site</td>
<td>If available, mandatory to answer</td>
</tr>
<tr>
<td>Start / End Date(s)¹:</td>
<td>(yyyy/mmm/dd)</td>
</tr>
<tr>
<td>Start / End Time(s):</td>
<td>Start</td>
</tr>
<tr>
<td>Location (including city, country):</td>
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<tr>
<td>Number of Registrants</td>
<td>Minimum: # _________          Maximum: # _________</td>
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<td>Registration Fee:</td>
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</tr>
<tr>
<td>Total Number of Requested Credit Hours:</td>
<td>Mandatory to provide detailed calculations:</td>
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<tr>
<td>Every 1 hour of educational content = 1 credit. (Do not include time allotted to welcome messages, breaks, meals, poster viewing or completing lecture evaluations) (ex.: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc...)</td>
<td></td>
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<tr>
<td>Activity URL / Web Site:</td>
<td></td>
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<tr>
<td>Date Application Form Submitted:</td>
<td>(yyyy/mmm/dd)</td>
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¹ Organizers must submit the completed application form and all supporting materials at the same time. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity. Should the McGill CPD Office receive missing documents less than 8 weeks prior to the start date of the activity, late fees will apply.
<table>
<thead>
<tr>
<th><strong>SCIENTIFIC PLANNING COMMITTEE CHAIR:</strong></th>
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<tbody>
<tr>
<td>Name:</td>
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<td>University/Hospital Affiliation:</td>
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<td>Telephone:</td>
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<td>Facsimile:</td>
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<td>E-mail:</td>
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<td>Complete Mailing Address:</td>
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<tr>
<th><strong>CONTACT PERSON FOR INQUIRIES / ADMINISTRATIVE INFORMATION:</strong></th>
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<tr>
<td>Name:</td>
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<td>Organization:</td>
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<td>Complete Mailing Address:</td>
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<th><strong>ENTITY / PERSON THAT WILL BE PAYING THE REVIEW FEES:</strong></th>
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<td>Invoice will be paid by: Insert the legal entity name and exact address</td>
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<td>Organization:</td>
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<td>Doctor:</td>
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<tr>
<td>E-mail:</td>
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<td>Complete Mailing Address:</td>
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SCIENTIFIC PLANNING COMMITTEE MEMBERS: Please identify the members’ name, expertise, affiliation and contact information

<table>
<thead>
<tr>
<th>Name and Area of practice (mandatory)</th>
<th>University / Hospital Affiliation (mandatory)</th>
<th>Contact Information</th>
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**Mandatory to submit:** completed declaration of potential conflict of interest forms. Are all completed forms included with the application submission? □ Yes □ No

ORGANIZING COMMITTEE MEMBERS: Please identify the members’ name, title, affiliation and contact information

<table>
<thead>
<tr>
<th>Name and Title (mandatory)</th>
<th>Employment Affiliation (mandatory)</th>
<th>Contact Information</th>
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**Mandatory to submit:** completed declaration of potential conflict of interest forms. Are all completed forms included with the application submission? □ Yes □ No

WHO IS YOUR TARGET AUDIENCE?

Place a ☑ in the appropriate box:

- Specialists ☐
- Family Physicians ☐
- Other Health Professionals ☐

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2 The Scientific Planning Committee must comprise an active member of the related College for each category requested. In addition, when requesting Mainpro+ credits it is mandatory that a family physician residing in Quebec sit on the scientific planning committee and is an active member of the CFPC. One member of the scientific planning committee must also be affiliated with McGill University’s Faculty of Medicine. Being a member of the scientific planning committee implies significant involvement in the development, planning and implementation of the content.
CREDITS REQUESTED:

<table>
<thead>
<tr>
<th>The Royal College of Physicians and Surgeons of Canada⁴ - RCPSC</th>
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</table>

Kindly identify the credit category being requested - check ☑ at least one of the options

<table>
<thead>
<tr>
<th>Maintenance of Certification (MOC)</th>
<th>Section 1</th>
<th>Section 3: Self-Assessment</th>
<th>Section 3: Simulation</th>
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<td>☐</td>
<td>☐</td>
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</table>

If requesting RCPSC MOC credits, provide the name of the Scientific Planning Committee Member affiliated with the RCPSC:
Mandatory to answer

<table>
<thead>
<tr>
<th>The College of Family Physicians of Canada⁵ - CFPC</th>
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The McGill CPD Office may grant provincial Mainpro+ certification for face-to-face and online activities; and may grant national Mainpro+ certification for online activities. The McGill CPD Office may not grant national Mainpro+ certification for face-to-face activities.

Kindly identify the credit category or categories being requested - check ☑ at least one of the options

<table>
<thead>
<tr>
<th>Mainpro+</th>
<th>Group Learning</th>
<th>☐</th>
<th>Assessment</th>
<th>☐</th>
<th>Self-Learning</th>
<th>☐</th>
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</table>

TYPE OF ACTIVITY: Place a ☑ in the appropriate box:

<table>
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<tr>
<th>CD/ROM / e-Learning</th>
<th>☐</th>
<th>Small Group Session/Workshop</th>
<th>☐</th>
<th>Seminar/Seminar Series</th>
<th>☐</th>
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<tbody>
<tr>
<td>Conference / Course</td>
<td>☐</td>
<td>Videoconference/Teleconference</td>
<td>☐</td>
<td>Lecture/Lecture Series</td>
<td>☐</td>
</tr>
<tr>
<td>Hospital Rounds</td>
<td>☐</td>
<td>Online Self-Study</td>
<td>☐</td>
<td>Other (specify):</td>
<td></td>
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</tbody>
</table>

Number of sessions: if delivered via more than one method, provided number for each method of delivery

Your activity will be delivered: DELIVERY METHODS

| Face-to-Face/Live | ☐ | Online | ☐ | Blended | ☐ |

Mandatory: For activities delivered via more than one method, please describe the steps participants are required to complete during the progression of the activity/course:

1. 
2. 
3. 

Etc....

Mandatory: Provide a detailed breakdown of activity hours:
(ex: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc.) or
(ex: 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):

Will this activity be presented in English ☐ Yes ☐ No

Will this activity be presented in French ☐ Yes ☐ No

PowerPoint slides are mandatory to submit for activities funded by one for-profit and/or not-for-profit organization. Note: The reviewer may request the review of content regardless if funded or not funded.

BRIEF DESCRIPTION OF ACTIVITY / PROGRAM:

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³ Activity organizers must visit the websites of the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada to ensure that their activity meet the criteria for certification.

⁴ http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e

⁵ https://www.cfpc.ca/CPD/
LEARNING NEEDS IDENTIFICATION:
A needs assessment was done: ☐ Yes ☐ No  **Mandatory to submit summary of needs assessment**

<table>
<thead>
<tr>
<th>Learning needs were identified by the following methods: ☑ all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input from Scientific Planning Committee (SPC)</td>
</tr>
<tr>
<td>Provide SPC meeting minutes, e-mail correspondence, etc...</td>
</tr>
<tr>
<td>Comments on evaluation forms from previous activities</td>
</tr>
<tr>
<td>Questionnaires / Surveys</td>
</tr>
<tr>
<td>Focus groups / Nominal groups</td>
</tr>
<tr>
<td>New developments in research / Technology</td>
</tr>
<tr>
<td>Question banks (e.g. RCPSC)</td>
</tr>
</tbody>
</table>

Summary of needs assessment submitted with this application form: ☐ Yes ☐ No

LEARNING OBJECTIVES: (must also be written in the activity brochure and evaluation form)
What learning objectives have been developed for the overall activity:

1. 
2. 

What learning objectives have been developed for specific sessions:

1. 
2. 

Are there any practice outcomes to be expected?

1. 
2. 

SCHEDULE: **Mandatory to submit**
A preliminary schedule, including a general description of the activities, timing, specific topics and speaker name is enclosed with this completed application form.

☐ Yes ☐ No

FEEDBACK TO PARTICIPANTS:
Will participants learn how they compared to others in the activity/program?

**Mandatory to answer** Describe the processes/strategies for managing/mitigating identified conflicts of interest. Note: Obtaining and reviewing completed CoI forms from resource persons does not meet CPD criteria.

**Strategies for Managing/Mitigating Identified Conflicts of Interest**
What is the scientific planning committee’s plan for the following:

1) Managing completed of conflict of interest disclosure forms:

2) Mitigating identified conflicts of interest/potential for bias:

Please provide an answer for both #1 and #2
INTERACTIVITY:
An important component of effective learning is the opportunity to interact with the speakers and learn from the experiences of colleagues.

| What learning methods have been incorporated to promote interactive learning?: ☑ all that apply: |
|---------------------------------|---------------------------------|
| Question periods (25% of total time) | Case discussions |
| Seminars/Workshops | Problem-based learning |
| Meet the professor/Expert sessions | Small group discussions |
| Debates, roundtables with audience participation | Journal club format |
| Use of touch-pad audience response systems | Teleconference / Videoconference |
| Interactive poster sessions with discussion | Use of simulators |
| Self-assessment programs or quizzes with feedback | Computer based learning activities with interaction |

If this activity is delivered as an online educational program, please describe the method in which the interactivity will be included:

ACTIVITY EVALUATION: Mandatory to submit

Is the evaluation form enclosed? ☑ Yes ☑ No

New: the evaluation form must list the learning objectives

The following questions are mandatory:

- Did the speaker make a disclosure statement (verbal and with slide)? (insert question for each speaker) ☑ Yes ☑ No ☑ Not Sure
- Did you perceive any degree of bias in any part of the presentation? (insert question for each speaker) ☑ Yes ☑ No
- If held in Quebec and/or requesting Mainpro+ certification: Did the activity respect the Quebec Code of Ethics - Conseil québécois de développement professionnel continu des médecins (CQDPCM) ([http://cpd.mcgill.ca/download/CODE_CQDPCM/CODE_CQDPCM_EN_F20150521.pdf](http://cpd.mcgill.ca/download/CODE_CQDPCM/CODE_CQDPCM_EN_F20150521.pdf))? ☑ Yes ☑ No

If requesting RCPSC MOC credits, the following question is mandatory:

This program’s content has enhanced my knowledge: What did you learn or how will this event impact your practice?

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

| Collaborator ☑ | Professional ☑ | Manager ☑ | Scholar ☑ |
| Communicator ☑ | Health Advocate | Medical Expert ☑ |

Describe the process by which the speakers will receive feedback on their teaching performance.

---

6 The evaluation form must request feedback from participants on: design of your activity and each speakers teaching performance. Sample form available on the CPD Web site – accreditation/certification section/documentation: [http://cpd.mcgill.ca](http://cpd.mcgill.ca)
For the planning, development and implementation of this program, we consulted and comply with the following CPD principles:

<table>
<thead>
<tr>
<th>Only for activities seeking Mainpro+ Certification:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification</td>
<td>[CFPC - Understanding MAINPRO+ Certification]</td>
</tr>
<tr>
<td>Only for activities seeking MOC Section 1 &amp; Section 3 Accreditation:</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)</td>
<td>[RCPSC - Maintenance of Certification]</td>
</tr>
<tr>
<td>For all activities: Mainpro+ and MOC Section 1 &amp; Section 3 Certification/Accreditation:</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>National Standards for Support of Accredited CPD Activities</td>
<td>[National Standards - Accredited CPD Activities]</td>
</tr>
<tr>
<td>For all activities: Mainpro+ and MOC Section 1 &amp; Section 3 Certification/Accreditation;</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry</td>
<td>[CMA Guidelines - Physicians in Interactions with Industry]</td>
</tr>
<tr>
<td>All activities held in Quebec and/or for activities seeking Mainpro+ certification:</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

We comply with all the CPD principles applicable to our activity: Yes ☐ No ☐

DECLARATION: SCIENTIFIC PLANNING COMMITTEE CHAIR:

As Chair of the Scientific Planning Committee (SPC), I accept the responsibility for the accuracy of the information provided in this CPD Application Form and of ensuring that the information provided avoids potential bias or perception of bias, from any for-profit or not-for-profit organization supporters.

To the best of my knowledge, I certify that the SPC members and speakers associated with this activity comply with the guidelines set forth in the CPD principles checked off above. In addition, I will ensure that all speakers will complete a Declaration of Potential Conflict of Interest Form prior to the start date of the activity. Ensuring that all resource persons, including the SPC members, communicate (verbal and with slides) a statement on conflict of interest to the audience.

No later than eight (8) weeks following the completion of the activity, I agree to provide the CPD Office, a completed Final Report Form and all supporting materials to finalize the certification process. This includes:

Promotional brochure(s); copy of the syllabus; promotional information/handouts distributed; Excel Spreadsheet “All Participants List” (hardcopy and electronic format): including participant’s first name, family name, license number, province, activity date, credit type, name of event, email and credit quantity; original sign-in-sheet: including participants first name, family name, license number and original signatures; compiled results (summary) from participants’ completed evaluation forms; signed copies of the Declaration of Potential Conflict of Interest Form, from all speakers - forms not previously submitted.

IMPORTANT!
Receipt of the official accreditation/certification approval does not represent final certification. The above mentioned materials for each program and session(s) within a program must undergo an ethical review. Failure to comply may result in participants unable to claim credits for their participation.

DATE: (yyyy/mmm/dd) | SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)
FINANCIAL SUPPORT FOR-PROFIT / NOT-FOR-PROFIT
CONTENT DEVELOPMENT AND EVENT PLANNING
DISCLOSURE FORM

To be completed by the Scientific Planning Committee Chair

ACTIVITY NAME:

CPD speakers must present balanced and scientific information. Thus, all speakers must discuss advantages, disadvantages and differing points-of-view, and must not promote products and/or services. Speakers must disclose in writing to the activity organizer all "off label" content. Additionally, the speaker must disclose to the CPD participants any relationship with for-profit and not-for-profit organizations that could affect the event's objectivity or independence (oral and visual disclosure with slide).

The Scientific Planning Committee Chair must complete a COI disclosure form, the table below and confirm that the activity meets the standards of ethics and independence.

DISCLOSE ALL FINANCIAL SUPPORT: for-profit / not-for-profit
All financial contributions made from all sources (example: pharmaceutical, government agency, physician organization, medical departments, etc....), must be made in the form of an educational grant payable to a physician organization.

<table>
<thead>
<tr>
<th>FINANCIAL SUPPORT: Organization Name(s)</th>
<th>DESCRIPTION:</th>
<th>AMOUNT IN DOLLARS (CDN):</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the name(s) of the organization(s) providing financial support. If the name(s) is not indicated, a delay in the review will occur</td>
<td>Indicate a description of how the financial support will be used (ex. Content development, honoraria, A.V., food, etc...)</td>
<td>Insert the support received. If the program is delivered repetitively, indicate if the amount listed is per session or for the entire program</td>
</tr>
</tbody>
</table>

FINANCIAL SUPPORT FOR-PROFIT / NOT-FOR-PROFIT was received from: ☑ all that apply:
☐ Pharmaceutical ☐ Government Agency ☐ Medical Department ☐ Other (please describe) __________________________

As Chair of the Scientific Planning Committee, I confirm that:

- the speakers and content for this activity were selected by the Scientific Planning Committee Members and were not influenced by any for-profit or not-for-profit organization.

________________________________________________________
DATE: (yyyy/mmm/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 in 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.

<table>
<thead>
<tr>
<th>For-profit or not-for-profit organization’s product(s)</th>
<th>Slides numbers where the products appear</th>
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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.

<table>
<thead>
<tr>
<th>For-profit or not-for-profit organization’s product</th>
<th>Competing product</th>
<th>Competing manufacturer</th>
<th>Slides where competing products appear</th>
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DATE: (yyyy/mmm/dd)  SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)
DECLARATION OF POTENTIAL CONFLICT OF INTEREST FORM

All speakers, scientific planning and organizing committee members must complete this form. Disclosure statements must be made to the audience regardless of whether or not you have a relationship with a for-profit or not-for-profit organization such as, a pharmaceutical, medical device company, government office or a communication firm.

ACTIVITY NAME:

☐ I do not have an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.

Speakers who are not involved with a for-profit or not-for-profit organization must inform the audience that they have no conflict of interest to disclose.

☐ I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization. (Include affiliations covering the past two years) At the beginning of each presentation, the facilitators and/or speakers must declare to the audience the nature of the affiliation(s): the name(s) of the for-profit or not-for-profit organizations and the period of their relationship (oral and visual disclosure slide required).

<table>
<thead>
<tr>
<th>TYPE OF AFFILIATION</th>
<th>NAME OF ORGANIZATION</th>
<th>DETAILS / DATE (from/to)</th>
</tr>
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<tbody>
<tr>
<td>I am a member of an advisory board or similar committee for a for-profit or not-for-profit organization</td>
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<tr>
<td>I am a member of a speakers’ bureau</td>
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<tr>
<td>I have received payment from a for-profit or not-for-profit organization (including gifts, etc...)</td>
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<tr>
<td>I have received a grant or an honorarium from a for-profit or not-for-profit organization</td>
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<tr>
<td>I hold a patent for a product referred to in the CPD program or that is marketed by a for-profit or not-for-profit organization</td>
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<tr>
<td>I hold investments in a for-profit or not-for-profit organization</td>
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<td>I am currently participating in or have participated in a clinical trial within the past two years</td>
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<td>Other:</td>
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ONLY SPEAKERS COMPLETE THIS SECTION: During my presentation, I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., “off-label” use of medications). ☐ Yes ☐ No

If yes, you must declare all “off-label” use to the audience during your presentation.

Please check ☐: I am a ... speaker ____; scientific planning committee member ____; organizing committee member ____; Other: ________________

☐ I, ____________________________________ (please print clearly), acknowledge that I have reviewed the declaration form’s instructions and guidelines and that the information above is accurate. Additionally, I have read the Quick Tips for Speakers provided by the program organizer or the McGill CPD Office; The Canadian Medical Association’s Guidelines for Physicians in Interactions with Industry and CQDPCM 2016 Code of Ethics for CME activities.

Signature ____________________________________________ Date ____________________ (yyyy/mmm/dd)

It is the responsibility of the activity organizers to have the Declaration of Potential Conflict of Interest Disclosure (CoI) form completed by each resource person: scientific planning and organizing committee members, speakers, trainers, facilitators, moderators, authors, etc... Also, the organizer must make sure that disclosure statements are done verbally and displayed in writing on slides at the beginning of the activity and before each presentation and must be included in written conference materials.

For complete instructions, consult the GUIDELINES - Declaration of Potential Conflict of Interest (CoI) document at: http://cpd.mcgill.ca/php/documents.php
It is the responsibility of the activity organizer to obtain from all resource persons a completed Declaration of Potential Conflict of Interest form (COI).

Resource persons include: scientific planning committee chairs and members, organizing committee members, speakers, trainers, facilitators, moderators, authors and medical content writers.

Instructions: complete the fields below with the names of the resource persons linked to the above mentioned activity. Kindly specify if a completed COI form was included with the application form.

**Note:** should a committee member also participate as a speakers, kindly submit only one (1) completed COI form.

<table>
<thead>
<tr>
<th>Scientific Planning and Organizing Committee Members (First Name/Family Name)</th>
<th>Completed COI Form Included with Submission (Yes/No)</th>
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The SPC’s CoI disclosures must be provided verbally and visually to the participants: National Standard for Support of Accredited CPD Activities: Standard 3.1 and 3.3. You may provide the visual disclosures via brochure, handout, slides, etc…

<table>
<thead>
<tr>
<th>Speakers (First Name/Family Name)</th>
<th>Completed COI Form Included with Submission (Yes/No)</th>
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Insert additional rows as needed
CREDIT CATEGORY REQUESTED

Kindly check ✔, click on the URL and complete the application form of the credit category/categories you are requesting.

Royal College of Physicians and Surgeons of Canada

Maintenance of Certification (MOC) Accreditation: check ✔ at least one of the options:

- Section 1: Group Learning
  [RCPSC - MOC Section 1 - Group Learning - Accreditation Application Form]

- Section 3: Self-Assessment
  [RCPSC - MOC Section 3 - Self-Assessment Program - SAP - Accreditation Application Form]

- Section 3: Simulation
  [RCPSC - MOC Section 3 - Simulation Activity - Accreditation Application Form]

The College of Family Physicians of Canada

Mainpro+ Certification: check ✔ at least one of the options:

- Group Learning
- Assessment
- Self-Learning

 [CFPC - Mainpro+ Accreditation Application Form]

This general application form and all supporting materials (final versions), including the completed application forms of credits being requested, must be submitted 8 weeks prior to the start date of the activity. All required supporting documents are to be submitted at the same time.
Ethical Review

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

In addition, an ethical review also ensures compliance with the CPD accreditation/certification standards and ethical guidelines as outlined by the CPD principles indicated below:

| College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification |
| CFPC - Understanding MAINPRO+ Certification |
| Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC) |
| RCPSC - Maintenance of Certification |
| National Standards for Support of Accredited CPD Activities |
| National Standards - Accredited CPD Activities |
| Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry |
| CMA Guidelines - Physicians in Interactions with Industry |
| 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 |

Thus, the accreditation/certification approval for this activity is contingent upon the ethical review for 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 assumed by attendees
  - CFPC criteria: Establishing limits on meal expenses

- Additional materials provided to attendees/potential attendees such as,
  - Course syllabus;
  - Promotional flyers;
  - Email messages;
  - URLs;
  - 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 program and session(s) within an activity, must undergo an ethical review. Failure to comply may result in participants unable to claim credits for their participation.

DATE: (yyyy/mmm/dd)  SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)
Checklist

Ensure to enclose the following documents when submitting this completed application form:

This general application form and the completed application form(s) of credits being requested, including all supporting documents (final versions), must be submitted 8 weeks prior to the start date of the activity. All required supporting documents are to be submitted at the same time. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity.

☐ Signed and completed general accreditation application form (SPC Chair signature, pg. 13)
☐ Signed and completed application form of credits being requested (RCPSC Section 1 and/or Section 3 and/or Mainpro+)
☐ McGill Department FOAPAL # (For McGill / MUHC only): _______________________________________
☐ Invitations/promotional materials disseminated to participants: hardcopy, website, blogs, etc...
☐ Speaker invitation template and communication stating CPD criteria
☐ Letter(s) stating that funds received by the funder(s) were in the form of an educational grant
☐ If funding was received, provide the organization branding: logos, colors, symbols, etc...
☐ If the SPC/PO chooses to delegate to a third party payment of expenses, submit signed agreements
☐ Copy of the schedule (preliminary if not finalized)
☐ Signed copy of the Financial Support / Content Development Disclosure Form (SPC Chair signature, pg.14)
☐ Signed copy of the Financial Competing Interests Form (SPC Chair signature, pg.15)
☐ Signed copies of the Declaration of Potential Conflict of Interest Form (SPC Chair, Organizing Committee and all resource persons, pg.16)
☐ Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg. 17) – Mandatory to complete
☐ Provide SPC meeting minutes, e-mail correspondence, etc... linked to activity development
☐ Needs Assessment: Summary
☐ Evaluation Form: see criteria on page 12
☐ PowerPoint Slide Set – mandatory, in particular if the activity is funded by one for-profit or not-for-profit organization - not required for live single delivery large conferences featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPT(s) in both languages
☐ Slides that will be presented to participants with SPC conflicts of interest disclosure statements
☐ Slides that will be presented to participants with speaker conflicts of interest disclosure statements (template)
☐ Signed Ethical review form and promotional materials for (Scientific Planning Committee Chair, pg. 19)

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

Submit your completed application forms and supporting documents via email: cpd.med@mcgill.ca

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

Continuing Professional Development (CPD)
McGill University
2001 McGill College, Suite 1310
Montreal, QC H3A 1G1
CPD URL: http://cpd.mcgill.ca