# Quality Criteria Framework

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERION</th>
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| **Quality Criterion 1: Needs Assessment and Practice Relevance** | • Programs must demonstrate evidence of being designed to address a professional practice gap;  
• A needs assessment strategy should identify both the perceived and unperceived educational needs of the target audience;  
• The needs assessment strategy should consider the CanMEDS Competencies framework. |
| **Quality Criterion 2: Interactivity and Engagement** | • Minimum of 25% is devoted to interactivity |
| **Quality Criterion 3: Incorporation of Evidence** | • Evidence used within CPD programs are to be aligned within the medical profession and selected without influence by a commercial interest;  
• Programs will not teach or promote medical-related procedures and/or practices that are known to be dangerous or ineffective to quality patient care;  
• The use of trade names are to be avoided;  
• Any assertion or recommendation made in an educational activity must include references |
| **Quality Criterion 4: Addressing Barriers to Change** | • Barriers to change such as negative personal and professional beliefs; financial disincentives; or lack of institutional support must be identified and addressed |
| **Quality Criterion 5: Evaluation and Outcome Assessment** | • Assessment of a CPD program must achieve satisfaction beyond whether or not the educational intervention meets the participants’ expectations |
| **Quality Criterion 6: Reinforcement of Learning** | • Not required for one credit per hour activities |

**Quality criterion 1: Needs Assessment and Practice Relevance**

- Indirect assessment of the target audience needs are used to guide program development and to obtain information on prior knowledge and practice experience;  
- Learning objectives are tied to the needs assessment results;  
- Needs assessment addresses physician competency through CanMEDS roles

**The planning committee should ask the following questions:**

- How common is the need among the target audience?  
- How many different assessment sources indicated this need?  
- How significantly will the unfulfilled learning need hinder health care delivery?  
- How directly is the need related to actual physician performance?  
- How likely is it that a CPD activity will improve practice behavior?  
- Are sufficient resources available to effectively address this topic?  
- How receptive will the target audience be to a session on this topic?
Quality criterion 2: 
Interactivity and Engagement

- Minimum of 25% of the program is conducted in an interactive manner

Interactivity must be included for each activity, i.e.:
- Audience-based data collection tools;
- Case studies;
- Quizzes;
- Small-group discussions;
- Simulation-based activities;

Quality criterion 3: 
Incorporation of Evidence

- An outline of the evidence and how it was used to create the content must be provided and references must be included within materials;
- Evidence should come from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs or well-designed, consistent, controlled but not randomized trials or large cohort studies;
- If a single study is the focus or select studies are omitted, program developers must provide rationale to support this decision;
- Graphs and charts cannot be altered to highlight one treatment or product;

Programs / Content:
- Must be selected without influence by a commercial interest;
- Will not teach or promote dangerous or ineffective medical-related procedures;
- The use of trade names will be avoided;
- All recommendations must include references - Add to speaker communication the following instructions: Provide references within your presentation of evidence used to create content

Quality criterion 4: 
Addressing Barriers to Change

- Educational design includes discussion of commonly encountered barriers to practice change

The identification of barriers may take a number of forms:
- Capturing data of the actual participants;
- Focus groups;
- Observation of actual practices;
- Chart review;
- Research data analysis
Quality criterion 5:
Evaluation and Outcome Assessment

- Measures are included to assess self-reported learning or change in what participants know or know how to do as a result of the CPD program

Change within the domains of competence, performance, patient health, and community health that occurs as a result of an educational activity is a valuable measure of an activities success.

Add to evaluation form:

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Neutral</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>2</td>
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Please indicate which CanMEDS-FM roles you felt were addressed during this educational activity: Check ☑ all that apply. (insert question for entire program)

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<thead>
<tr>
<th>Collaborator</th>
<th>Family Medicine Expert</th>
<th>Manager</th>
<th>Scholar</th>
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<tr>
<td>Communicator</td>
<td>Health Advocate</td>
<td>Professional</td>
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Quality criterion 6:
Reinforcement of Learning

Not required for one credit per hour activities